A Morphine Eater

Class Book

James Jackson Putnam

106 Marlborough St., Boston.

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C. L. J. Lindsley

THE MORPHINE EATER:

OR,

From Bondage to Freedom.

THE OPIUM, MORPHINE AND KINDRED HABITS; THEIR ORIGIN, NATURE AND EXTENT, TOGETHER WITH THE PROPER METHOD OF TREATMENT TO BE ADOPTED.

BY

LESLIE E. KEELEY, M. D.,

Surgeon Chicago & Alton R. R., Dwight, Ill.

The disease, that shall destroy at length,
Grows with his growth, and strengthens with his strength.
—*Pope.*

Within the infant rind of this small flower
Poison hath residence, and medicine power.
—*Shakspeare.*

The image of a wicked, heinous fault
Lives in his eye; that close aspect of his
Does show the mood of a much troubled breast.
—*Shakspeare.*

Timely advised, the coming evil shun:
Better not do the deed, than weep it done.
—*Pryor.*

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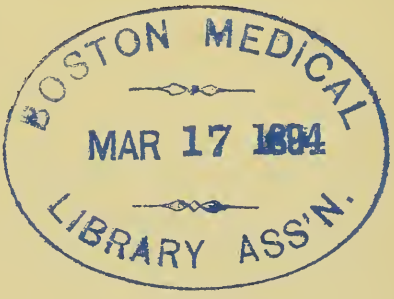

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DWIGHT, ILLINOIS.

To the Members

Of the medical profession and others who have so kindly forwarded me information, and to whom I am indebted for much valuable assistance through a correspondence which, though large, has been marked with uniform courtesy and kindness toward me, this book is

Respectfully Dedicated

BY THE AUTHOR.

For the past twenty years I have devoted much time to the study of the Opium Habit in all its forms. During the war, and in an active practice since then, I have been favored with many opportunities for successfully observing opium cases. I have conversed and corresponded with thousands of victims of the habit and have thus been able to arrive at practical conclusions concerning the pathology and treatment of this disease. For many years I entertained the popular ideas of the profession upon this subject; but extended research and personal observations have given me a more accurate and certain knowledge of its nature and results.

It is because the habit is so little understood, and an urgent need exists for the latest scientific and medical information concerning it, that I have written the following pages. They contain no idle theories, but are replete with practical facts. I have written for the people as well as the profession, in the hope that the unwary may be fully warned against a vice which is so delusive and dangerous.

The members of the profession will, I trust, find in this volume a help in the treatment of opiumania and morphism; while to the myriad victims of the drug it will open a door of hope which will lead them into the perfect sunshine of liberty and health.

Dwight, Ill., *September 1st*, 1881.

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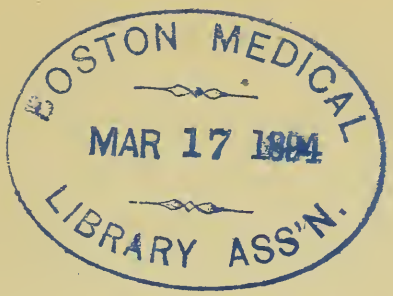


CHAPTER I.

THE MIRAGE OF THE SOUL ;
OR,
THE HABIT FORMING.

"The primrose path of dalliance leads to hell.—*Shakespeare.*

The dreamy, blissful languor, the ecstacies of pleasure, described by the victims of the morphine habit during the earlier stages of their disease, and while yet they were only on the confines of the opium Inferno, have been given to the world by various writers, in the most graphic and vivid terms. The subject has been treated of by a master, whose genius has enwrapped it in the most gorgeous robing of balanced sentences and resounding periods, making the story of the famous opium eater a classic in English literature. Every writer upon the subject, when he recalls his experiences, seems to linger upon the pleasurable sensations of his initiation with special fondness. His imagination, so worn and jaded with respect to all other things, renews its strength, in the memory of these first sensations—even adding to the glory of the golden haze in which his soul was veiled, when first he entered the fellowship of

"The mild-eyed, melancholy lotos-eaters"

in the island where all things were dim and quiet and far away.

There is a mingling of truth and falsehood in the opium eater's record of his earlier experiences. Those who have published the story of their lives for the general reader, in books or magazines, while they do not and cannot exaggerate the dreariness of the desert into which the habit leads at last, have haloed the entrance to that

desert with an unreal glory. To the cured morphine eater it seems as though a luring demon had furnished the inspiration of these records in order to wile innocent souls into bondage and doom them to despair!

And yet it is difficult to depict with too much color and light the peace, the perfect calm, the blissful quietude which opium and its preparations bring to the physical nature. They are the masters of nearly every form of bodily pain. The pangs of physical anguish, which before were unbearable, stinging to madness, are suddenly repulsed and kept at bay, as Russian wolves are driven back into the outer darkness by the sudden upleaping of flames from the frightened traveler's camp fire. The tiger fangs of neuralgia are suddenly wrenched apart by the strong hand of the opium giant, and its shrieking victim has hours of blessed rest! The agony of diseased nerves is quieted. The morphine spirit touches the tossing victim of sleepless nights and days with its soft white hand, and he becomes as quiet and peaceful as a sleeping child. It is a blessed peace, it is a sudden transition from infernal regions to gardens of Paradise!

The sweeping condemnation, indulged in by so many, of the exhibition of the various opium sedatives used by the profession, is not founded upon reason. It results from an uninformed sentimentality. Not for nothing does Nature, our mother, nurse the pale poppy flower with her kindly soil and out-pouring of sunshine. Like the Buddhist Satan, the opium spirit is dual, an angel of light as well as of darkness. It has for humanity, blessings as well as curses. The wise and careful physician uses the drug to allay the torture of disease, for he knows that the torments of agonized nerves may often be as exhaustive to the vital forces as the malady which causes the anguish. Nor is it the prescriptions of the physician, or a strict compliance with his directions, which, except in a small percentage of cases, leads to the formation of the morphine habit. There are, of course, thoughtless and inexperienced medical men, who establish in patients the opium craving by their heedless continuance of the drug. But as a rule, the victims themselves create the tyrannous appetite by continuing the use of morphia or

other narcotics after the medical attendant has ceased to prescribe it. They have found relief in the drug, and they prescribe it for themselves. The lesson to be drawn from such instances is, not that physicians should never prescribe opium sedatives to their patients, but that the treatment of disease should be left to those who have devoted their lives to the study of maladies and their remedies.

If patients take up the administration of narcotics to themselves at the point where their physician has ceased to prescribe them, and creating in themselves the morphine crave, they have only themselves to blame; as in this age of public schools, newspapers and of scientific knowledge none should be ignorant of the powers of opium and morphine and the dangers attendant upon their continued use. The vast majority of the slaves of the drug are neither unlearned nor inexperienced. They stand much above the average in intelligence and general information. How then can they justly plead the excuse of ignorance, and throw the blame upon the physician? And, in cases where the patients to whom morphine is exhibited are ignorant, to tell them the name of the drug which has relieved their pain, might be like pointing out to Adam and his wife the tree of good and evil, and making it easy for them to pluck and eat its fruit. If the patient only knows that he was relieved from pain, but does not know the agent by which relief was obtained he cannot dispense the potent and dangerous medicine to himself. To keep him in ignorance is his best safeguard. The medical profession, have, perhaps, enough to lament, and even to repent of, because of their lack of positive knowledge, but the blame of making morphine takers need not rest more heavily on their consciences than may be needful to keep them from carelessness in the pursuance of their duty to relieve the physical sufferings of humanity.

I do not, then, deny that the vivid portrayals of the power of opium and its preparations to quiet physical pain, by writers of books and magazine articles upon the opium habit, or morphine eating are, in the main, truthful. It is also true that certain abnormal bodily appetites and passions which sometimes become tyran-

nous, spoiling the life, and bringing, like a dark cloud over the soul, a fearful dread of desperate crime and awful judgment, are held in check, shorn of their rampant power by the wondrous might of opium. The inebriate sometimes finds at least temporary relief in the drug from his fiery craving for alcohol; the abnormally unchaste, through the same magic, obtains relief from his terrible disease.

But it may be gravely questioned whether the glowing language used by writers upon the subject to depict the "flowery beds of ease" upon which the soothing power of opium lays the tormented body is not only unwise, but positively injurious. However this may be, I do insist that the highly rhetorical descriptions of the effects of opium sedatives upon the mind and its powers of thought and imagination, have been pregnant of much harm to the world. The whole subject has been pictured with highest lights and warmest coloring. The reader is told, in effect, that through opium or its preparations, he may at once become an orator, a poet, a thinker with grand ideas of liberty and progress, or be lifted from discouragement and even despair to high possibilities of joyous and successful action.

Some writers speak of inspirations, which, at the waving of its wand by the opium spirit, sweep through the mind like mighty winds, awakening great thoughts, and original ideas, revealing and arousing into activity mental powers far surpassing those exhibited by the common, unstimulated and rugged brain. They tell of poetic sensibilities aroused, so that the soul seems to walk in high and equal fellowship with the shades of Shakespeare and Milton, and all the giants of literature. They speak of great schemes for the betterment of mankind revealing themselves to the reformer's thought when wrapped in his opium ecstacy, making the world's future splendid with golden hope and glorious achievement. They tell of the power of expression suddenly developed—the gift of speech bestowed by the spirit of the drug, making one eloquent to a degree surpassing the highest hopes of his unopiumized dreaming.

They speak too—and ah! how deadly sweet to thousands of aching hearts, and spirits cast down and

bruised!—of the opium witchcraft as able to lift up "the heart bowed down" to heights of calm; to cure the heart-ache; as able to minister to a mind diseased and soothe the trouble of thick-coming fancies; as the

> Sweet, oblivious antidote,
> Cleansing the bosom of the perilous stuff which weighs upon the heart,

as soothing mutual sufferings, causing thoughts which torment and feelings which distress to vanish, while the liberated sufferer lies as in a fairy circle, ringed with peace. And at least one of these writers, the one genius of them all, strikes a still higher key, and discourses in tones which, to some, are more fascinating than all the rest. He tells of dreams of indescribable splendor which came to him in the opium torpor, lighting up all the heavens of his sleep with gorgeous coloring, revealing the majestic evolutions of mighty armies, the blast of signaling trumpets, the thrilling rise and dying fall of countless bands of martial music near and far, the shoutings of captains, the muffled thunder of marching feet—an infinite grandeur,—a vision of indescribable magnificence.

Are not such words full of temptation? They may be inspired, but the inspiration is not breathed by a heavenly spirit. So far as regards these gorgeous cloud-lands of almost hysterical description of the effects of opium eating, in its earlier stages, upon the faculties of thought, imagination and expression, there is falsehood as well as mischief in them. That they are mischievous, who can doubt? While it is true that by far the greater number of the slaves of opium in its different forms, began the use of the drug on account of physical distress, yet the number is by no means small of those who at first took it in order to reproduce, if possible, the mental phenomena of which they had read such marvelous things. Is it strange that the language of DeQuincy, describing in words of stately rhythm and wondrous melody, like majestic organ music, the magnificent dreams and visions of his opium sleep; or that even the lower-keyed, but still vivid and fascinating word-pictures of the wonderful influence of the first few doses of morphine upon intellect and fancy, as portrayed by less famous writers in our magazines and newspapers,

it is strange, should tempt men and women to dangerous, deadly experimenting with the drug? The fact is, that many a student in college,—perhaps the brightest intellect of all—many a young, ambitious literary man or woman, after reading these unwise and most dangerous books, or articles, upon the opium habit, or personal experiences of morphine users, have hastened to procure the drug and test upon themselves its magical powers!

They, too, desire to dream dreams and see visions. They, too, would become able to weave into stately and splendid language, marvelous revelations from some region "East of the sun, West of the moon" unvisited by any mortal but themselves! They, also, desire to call up the seeming angel and feel the thrill of its kisses on their lips.

They are not wholly ignorant of what they are doing—they have knowledge of the fact that beyond the border land of mirage, there lies a baleful desert—but they are tempted by the glittering words in which the opium dream is pictured. They have been told—these writers themselves tell them—that the Lotos Island is the abode of Circe. But desire from within and temptation from without make them heedless of warning. The palace of the siren and its delights are so wonderfully seductive, that the sight of the grunting herd of those who have been the lovers of the temptress, and upon whom, in past days, her kisses have wrought swinish transformation, does not deter the flushed, eager new-comer, fresh landed upon the island of joyance! He sees, as he hastens through shadowy aisles of trees, only the white pillars and shining walls of the enchanted palace, he hears only the tender cadence of sweet, inviting voices—he feels only the longings of passion and the thrills of hope!

Alas for him, if even but once a flame be kindled in his blood by the fatal sweetness of the siren's kiss!

In the case of those who may be called "natural" opium eaters—that is, those in whom the drug or its products arouse the opium ecstacy—the one, first dose will, in the vast majority of cases, be fatally decisive!

He who, for the first time, calls up the opium spirit, may see only a beautiful angel with shining face and hovering wings, but if he would only look behind the

apparition, he would see, cast upon a background of gloom, a grisly shadow rising vast and awful in the twilight—a terrible warning of judgment and of doom. His sorcery has been successful—his incantation has raised the spirit and compelled it to weave its spells around him, but during the short hour of glamour and of dream, he has bound himself to the service of a satanic master whose rule is pitiless and whose reward is death!

The seeming increased intellectual activity, the apparent enlargement of mental capacity and power which are felt by the morphine inebriate during the first stages of his experience, are real to him, beyond question. To his own consciousness there is no illusion in the visions which he beholds, no deceitfulness in the inspiration which he feels. As he lies steeped in a "tranced calm" the tides of thought seem to roll into his brain from some exhaustless ocean,—the horizon of his daily thinking seems to lift its curtains, revealing infinite reaches of sublime speculation He believes himself to have passed into a new world. It is a *real* world to him. It is not a portion of his nature only which is under the mystical charm, but all of it. He himself is under the power of the spell. His faculties of perception and feeling, his will, every part and power of his nature are wrought upon by the wonderful witchcraft. There is no central or secret quality of will or judgment that is not influenced by the drug.

This is the Mirage of the Soul! Not only does the morphine neophyte, as he enters the desert of his weary pilgrimage, see an unreal earth and sky, but he also becomes a part of that world, unable to separate himself from it. He is no longer in the actual world, he is no longer a real man. It would not even be correct to say that he is a man *plus* opium—he is, rather, an opiumized man. He is not so much deceived as transformed. Every thought, every feeling, every act of judgment and will is opium-tinged. The luminous mist does not enwrap the outside world alone—its shining folds enshroud his inmost nature and permeate his whole being. He is himself a part of the opium dream and cannot separate himself from its unrealities. Whatever thirst it may

have been which wrought upon him to begin his desert journey—the longing to do great deeds, the craving to search out all hidden things, the ambition to taste all that is strange and weird in human experience, the desire to gain special strength for burdens heavy to bear, or to endure troubles which torment the spirit and mar the life—whatever thirst may have parched him—he is a portion of the visions which he beholds, the shining waters and the shading palms are in his own soul, they are a part of himself. The deception is absolute. In body, soul and spirit there remains not one sensation, not one faculty, not one power by which an actual, true perception of the real world can be obtained. Surely one in this condition cannot correctly judge of the value of his thoughts and the genuineness of his revelations!

The reader will bear in mind that it is of the beginning of the morphine habit that we are speaking. What has just been said of the influence of the drug upon the entire nature will apply with still greater force to the condition of those in whom the appetite has become confirmed. But, in view of the language used by writers in depicting the delightful sensations and effects produced by the first moderate doses of the drug, it is necessary to insist with great emphasis, that, in the exhilarations, the enchantments of the first experiments in opium intoxication, there is an element of deceit and falsehood. The narcotic ecstacies do not bring forth genuine fruits. The thinking which one does while lulled by morphine witchery is not nearly so original or brilliant as it appeared when it flashed through the dreamer's consciousness. It will not endure the test of true criticism, viewed in the light of the facts and principles of this real work-a-day world.

The young preacher who nerves himself with two or three one-eighth grain pills of morphine to face his congregation and overcome the fatigue and shrinking which oppress him, may, at the time, believe that he is reaching the loftiest heights of eloquence. But, however greatly an audience, satisfied with rhetoric and declamation, may admire his morphinized oratory, their lives will not be influenced by his words. He seems to himself to have been caught up into paradise and to have heard unspeak-

able words—but it was not the Paradise of God. The eloquence produced by narcotic poisons—can it be true eloquence—can it have that touch of nature to which all hearts respond? Let the testimony of the thousands of authors, lawyers and clergymen, who have become confirmed in the habit of opium eating, be taken on this point and they will admit that their stimulated brilliancy of thought and expression, did not, in its effects, fulfill their anticipations.

How can a speaker whose mouth and throat are dry, whose voice is husky and whose eyes are dulled, have the highest and most effective power over his audience? But his first tampering with the drug will have these physical effects upon him.

Literature has received little, if any, enrichment from opium eating. Granting that the "Confessions," the "Raven," the "Rime of the Ancient Mariner" and "Kubla Khan" were inspired by the poppy juice—what thoughtful critic would claim that these are to be classed with the strong, healthy poems which live on because they are full of "sweetness and light?" It is doubtful if these weird creations, as a whole, are ever highly esteemed by sound and balanced intellects, except for the music of their rhythm, or as studies of the effects of a diseased imagination. It is the immature or the abnormally developed mind which regards them as master pieces. And as for the best that is in them like those stanzas in the "Rime of the Ancient Mariner"

"Sometimes, a-dropping from the sky,
I heard the sky lark sing;
Sometimes all little birds that are,—
How they seemed to fill the sea and air
With their sweet jargoning!

* * * * * * *

A noise like that of a hidden brook,
In the leafy month of June
That, to the sleeping woods all night
Singeth a quiet tune.

* * * * * * *

He prayeth best who loveth best

All things both great and small;
For the dear God who loveth us,
He made and loveth all:—"

these may well be credited to those periods when the grasp of the black tyrant was slackened, and the soul looked out through clearing eyes upon Nature and Heaven.

It is not through morphine inspiration that writers can lead us to the sweet spring waters and golden fruits of our mother Nature. As soon as the drug begins to drone its lullaby and lap the senses in its waking dream, the eye-lids droop, the iris contracts, and a veil comes down between the senses and the outward world. How can one in such a condition see, as they are, "this goodly frame, the earth; this most excellent canopy, the air; this majestical roof, fretted with golden fire?" He is separated from these things. He can no longer press his heart against the bosom of Nature and feel its mighty throb. His perceptions and his sympathies are dulled. The veil in which he has enshrouded himself shuts out from his soul the true light which lighteth every man that cometh into the world.

It would contravene an eternal law—that law which has been, is, and ever will be the only basis for attainment of great success and high reward, if merely swallowing a white powder or a dark gum can make it possible to achieve great things in any field of work. "In the sweat of thy face shalt thou eat bread"—that is the immutable, the unescapable ordinance. Who ever has, who ever can, evade it? Real, solid, lasting results are reached only by honest and severe labor—not by morphine stimulation—not by any false or easy way whatsoever. That is the perpetual, unchanging law of Nature and of God. To endeavor to escape from its sway is to enter upon a life tinged at its beginning with falsehood, and surely tending to failure and despair.

It would not be just to close this chapter without again referring to the very large class who acquired the habit of using some form of opium, not for the sake of its mental stimulus, or to make labor more easy, or simply as an intoxicant, but to escape physical anguish which they felt to be too terrible to endure. To blame them

harshly for seeking the relief which the drug affords in such cases would be to add an undeserved burden to those whose load is, without it, too heavy for them. If some of them were too easily induced to begin the habit, if, shrinking too sensitively from pain, they hastened to alleviate, by the use of morphine, sufferings which they might have endured, who shall speak severely of their weakness, now that they have come into the bitter bondage of an anguish which torments not only the body but the soul! Let no useless blame be cast upon them. If in the past they were weak, they now comprehend that fact better than any one else can know it, and he would be heartless indeed who would add even a little to the burden which crushes them beneath its weight. Of all the causes of self-reproach which fill the hearts of the slaves of opium with increasing remorse and self-condemnation, the fact that their enslavement began in their own weakness is the sorest. Of them it may be truly said, "the heart knoweth its own bitterness."

And as for those who sought relief in morphine from the sorrows of life—upon whom calamity came suddenly, beating them down as the tall grain is prostrated by driving storms; those whose light of hope went out in sudden darkness; those who saw that all the future held for them only weariness and heartache and tears—who shall cast the first stone at them? No doubt it is true that thousands of men and women find their only relief from bitter memories and from daily, hopeless sorrow in the benumbing influence of morphine.

It is not because of climatic influences alone that the Southern states contain so many who are addicted to the use of opium. The ruin wrought by the war extends beyond the loss of lives and the wreck of fortunes. It has caused many a bereaved and despairing woman, many a man, ruined in property and hopeless of regaining the wealth and position he has lost, to endeavor to dull all their feelings and make life endurable by the use of the drug. Thus the devastation has continued long after wrecked plantations have been restored and earthworks ploughed level with the ground. It reaches to those still living, who, having desperately sought alleviation from mental suffering in the narcotic, are now living a "death in life."

But who, knowing what these men and women were, in the years now long past, what they have suffered, and into what state they have at last come, shall reproach them? If their pride repels our pity, let us sit in silence in the presence of their great calamity, only eager, if but once they lift to us despairing but yet questioning eyes, to point out to them, if possible, some certain way of deliverance.

In speaking as I have in this chapter of the forming of the morphine habit, it has been my earnest desire to discourage any as yet unscathed reader from those beginnings which are so seductive and so deadly. Do not experiment with the drug. Do not cross the confines of the opium desert, nor even once look upon and become a part of its mirage. Many a confirmed opium eater, who first took the drug to alleviate physical tortures of the most intense kind, will now say that he wishes he had died in agony, rather than have become what he is. Let the weary and heavy laden still endeavor to bear and wait and hope. To seek mitigation of mental sufferings in opium or morphine is to woo a deeper sorrow, an intenser despair.

CHAPTER II.

THE GROWTH AND EXTENT OF THE HABIT.

Opium is the Mephistopheles of the age! Insidious and deceitful in its character, it has permeated all classes of society with its baleful influence, and in thousands of homes it holds an autocratic sway. The physician daily meets it in some of its Protean forms, for it has defiled the sacred desk, sullied the pure ermine of justice, ruthlessly entered every profession, nay, fastened its terrible and ruthless fangs upon every class and condition of our people!

A curse so widespread and so disastrous demands the earnest attention of thinking men and women; and yet but few are aware of its extent and power. Medical text books are silent on the subject; even the medical profession seems unaware of its magnitude, and in every instance in which it comes under their treatment they are unable to cope with its influence. So little has morphism been comprehended by physicians, that they have almost universally regarded it as an incurable disease, and by throwing it out of their list and passing it by, have confessed themselves inadequate to the task of curing it. Usually they have relegated this work to the patient himself, advising a sudden cessation or, perhaps, a rapid reduction, with nothing to support the system during the trying ordeal except a few alleged physiological antipathics, which for the most part are useless as sustaining agents and wholly without curative value. The drug is used so secretly, the habit is so carefully hidden beneath the surface of social life that the uninitiated are utterly ignorant of its rapid growth and present

proportions. And yet so general has the practice become, that as one looks at the past and regards the future he is appalled at the terrible picture which rises before him.

This is the nervous age of the world's history. A progressive civilization has left its impress upon the mental and physical powers of the world, and brought with it a variety of disorders of a nervous character unknown in the heretofore. They are different from the diseases of a century ago; they are consequent upon the changed condition of the people's life. They are a natural result of the intense mental strain necessary to the carrying on of new and great enterprises, the attainment of professional or political success, and the maintenance of society life. The result is that Americans are largely subject to neurasthenic troubles, growing out of excessive waste of nerve force. We live too fast; we do as much work in a day as our forefathers did in a week, and, physically, we are not so well qualified for work as they were. We eat too fast; we think and read and even take our recreation at a high rate of speed. This phenomenal method of living can have but one result, viz: a rapid destruction of nerve tissue, a wasteful expenditure of nerve force, a breaking down of the nervous system, premature decrepitude and finally death. Americans as a rule die early; they live their lives too quickly and pass away at a time when they should be in the prime of a vigorous manhood.

In order to repair the waste which is constantly going on and recuperate the system for each day's duties as they present themselves, many resort to stimulants. In some ranks of life alcoholic liquors are commonly used, but among professional and business men and ladies, the use of narcotics has steadily increased during the last fifty years. Particularly is this true of opium and its alkaloid morphia. Fifty years ago, gum opium was used exclusively by those addicted to the drug, but morphine has largely superseded the original juice of the poppy. The ancients paid sacred homage to Morpheus, god of sleep and dreams, and now, in the midst of an age of intelligence and advancement, we find a vast army of men and women bowing at the shrine of the

arch-fiend Morphia, named after the classic deity of old!

The majority of those using the drug, now employ the sulphate of morphia, chiefly because of its potency (it being six times stronger than the gum opium), its small bulk, and the rapidity with which it affects the system. It has been stated that the greater proportion inject the solution subcutaneously by means of the hypodermic syringe; but my experience leads me to believe that this class is in the minority. I find that the general method is to take the sulphate of morphia by the mouth.

If it were possible to paint all the horrors, the agonies and woes which this deceitful drug has wrought upon humanity it would form a picture of unparalleled misery and despair. The mere recital of figures and the facts which they teach will, however, be sufficient to stir up a spirit of enquiry and investigation. They are startling enough to cause alarm, and lead us to seek some explanation of so dire a curse and some method for stopping its sweeping ravages.

In 1861, twenty years ago, the quantity of opium imported into the United States was 109,536 pounds. The first importation of morphia occurred in the same year, and consisted of but twelve ounces. In 1871, ten years later, the import of opium was 315,121 pounds; and of morphia 237 ounces. In 1880, the opium import was 533,-451 pounds; and 8,822 ounces of morphia were received at the port of New York alone. Add to these figures about ten per cent for smuggled opium and we have some idea of the quantity used in the United States to-day. A comparison between 1861 and 1871 shows a fearful increase in 10 years, yet the difference between 1871 and 1880 shows a still larger increase in 9 years. The revenue statistics unmistakably show that the consumption of opium is rapidly increasing, and that too, at a rate far in excess of the increase of population. In 1880, this country received 97,000 pounds of opium from China, 326,975 pounds from England, and 92,633 from Turkey in Asia. The crude opium, after reaching this country undergoes different processes at the hands of manufacturers, a large portion of it being made into the sulphate of morphia.

In 1876, it was estimated that there were 225,000 opium

eaters in this country, at least two-thirds of them belonging to the better classes of society. To-day it is estimated that there are not less than 500,000.

Half a million men and women in America slaves of a drug! The thought of slavery is, in itself, abhorrent; but when we remember that this is a slavery the most damnable on earth; a bondage to a soulless, merciless tyrant; a captivity whose daylight is Despair and whose hope is Death, the impressive fact fills our minds with pity and woe!

It will thus be seen that on an average one in every hundred is a slave to the drug in some form. The saddest feature of this is, that the majority of the victims are women. Not poor, degraded, outcast women, although this class helps to swell the list, but those occupying high positions in the world. Brilliant society ladies, zealous workers in good causes, literary toilers, ambitious women have fallen beneath the witching power of morphia. The simple fact that women form by far the larger proportion of those using the drug is one which should excite universal pity, the more so as they are not generally responsible for contracting the habit, as will hereafter be shown.

Some localities have a greater proportion than others, the South having more victims than the North, and the city more than the country. Texas is said to have more opium eaters in proportion to its population than any state in the Union, and I believe the claim to be well founded. The effects of the war upon the South were very marked in this matter, as since that time the habit has largely increased in the Southern states. In Albany, New York, there is annually consumed 3,500 pounds of opium, 5,500 ounces of morphia, and about 500,000 pills of morphia. In Chicago, Ill., there are about 25,000 persons addicted to the habit, and the leading druggists, according to a recent statement say that their principal customers are ladies. In St. Louis, Mo., it is estimated there are not less than 20,000, while many Southern cities show, in proportion to population, even higher figures than these. I know many small towns where the average is 5 in every hundred, and the habit is constantly increasing.

The amount annually paid out for the drug by these victims is about $5,000,000; an immense sum, which is deflected from the proper channels of industry and commerce and devoted to a vice which is destructive of body and soul, and detrimental to the best interests of society.

Three grains of morphine will, as a general rule, cause death. This fact is not generally known to those unacquainted with the properties of morphine, but it ought to be well understood by everybody. Our high schools ought to teach this fact, and also the greater truth, that when a man can so accustom his system to the use of a poison in doses more than sufficient to cause death in ordinary cases, he subjects his system to abnormal effects, which must have a disastrous and in time a deadly influence upon the mind and the body.

The records show us that it is comparatively an easy matter to learn the use of morphine in excessive quantities, and when the reader bears in mind that only 3 grains is necessary to terminate life, he can appreciate the significance of the following illustrations:

A lady in central Illinois took 60 grains of morphine every 24 hours; another took a gallon of laudanum every 22 days. A physician in Texas took 60 grains of morphine every 24 hours, a lawyer in the Northern part of Illinois took 40 grains, a farmer in Missouri took 40 grains, a physician in St. Louis took 25 grains hypodermically (equal to 50 grains by the mouth), a physician in New York took 72 grains every day, enough to kill 24 ordinary men. These cases can be multiplied *ad infinitum*, suffice it to say that the unfortunate beginner rapidly increases his dose from ⅛ or ¼ of a grain until he reaches a quantity which seems almost incredible. A list of 150 cases shows an average of 15 grains per day, the quantities ranging from 1 grain to 40 grains, and in my opinion this average will be found generally correct. It is difficult to ascertain exact figures in relation to this part of the subject, as the opium eater almost invariably understates the extent of his habituation. It is only after he has been restored to a normal condition that he will admit the truth. The figures I have given are taken from my own records and are as accurate as they can possibly be made. They should be sufficient to arouse

the careless and indifferent to examine this important matter for themselves and carefully weigh the statements made in the succeeding chapters. The different phases of the opium and morphine habit, as therein presented, form a chain of FACTS, an array of truths which, though startling, may prove of countless value to the friends of our common humanity.

CHAPTER III.

MORPHIA-MANIA; OR, THE HABIT ESTABLISHED.

How use doth breed a habit in a man.
—*Shakespeare.*

O death in Life,—the days that are no more.
—*Tennyson.*

It is not given to any human being to know the line at which an indulgence becomes a habit. That line has been crossed by the feet of innumerable millions hastening with laughter and shouting along the first gentle descent of the way to death—but not one of them saw, or could ever tell just where the fatal point was passed. They did not look, they did not think, they did not heed. The duties which avenge evil indulgences by changing them into tyrannous habits are indeed shod with wool, and they do their work with quiet, noiseless hands. Slowly, unceasingly—"without haste, without rest"—the wreaths of flowers are replaced by silken bands, and the bands of silk by chains of steel. The consciousness of liberty remains long after the bondage has become as fixed and certain as the grasp of Fate.

This statement applies with peculiar force to the opium victim. There are, indeed, far too many cases in which the sufferer from long continued and intense pain, who has believed himself compelled for the sake of rest, —for the sake of life, even,—to alleviate his torment with the weapons which the poppy provides,—suddenly and without warning discovers that the habit is fixed. Without having experienced one pleasant hour of dalliance with the drug, having felt exhilarations, no mental uplifting during their initiation—prevented by physical agony which absorbs their powers of attention and

thought from heeding the warning voices which begin to sound before the fatal line is reached—these sufferers all at once discover that they have become captive to a giant whose grasp is pitiless. Their case is pitiable indeed.

But those who are themselves responsible, to a greater or lesser extent, for beginning and continuing the use of the drug, do not become aware of their slavery until long after their captivity is assured. They still imagine the opium spirit to be their servant, or their playfellow, when, long before, it has become a tyrant-master. But at what time, in the earlier days of thoughtless or willful tampering with the drug, the transformation occurred, they cannot tell. Once they were free—now body and soul are given over to a slavery whose dull days are passing wearily, and upon which little light is cast except by the memory of "days that are no more." That is all they know.

In probably the majority of cases, at the time of initiation into the habit, the morphine doses are not taken daily, but at intervals of three or four days—or whenever pain or desire calls for it. After the first exhilarative or sedative effects there may be a period of several days during which no uneasiness, and no desire to resort to the drug are felt. The thoughtless dupe is ignorant of the more subtle and lasting effects of opium and morphine. He imagines that the influences of each of his doses are limited to the period during which he experiences the pleasant and the more positive reactive or secondary effects of it. He does not suspect that his quietude and freedom from desire for the opiate are caused by what he has taken two or three days before. He thinks himself to be still his own master—if he thinks at all—he honestly believes that he "can quit when he wants to," because of these intervals between his days of indulgence. If he can go one or two days after the apparent effects of his dose have passed away, why cannot he extend the time of abstinence four or five days, or a week,—or indefinitely just as long as he may please? Thus he argues to himself—thus he persuades himself—not knowing that the feeling of liberty with which he quiets himself is but the stuff that dreams

are made of. Then, too, his delusion is strengthened by the quiet, insinuating nature of his desire for another dose when at length the want of it begins to be felt. If he could not obtain the opiate as soon as he begins to think about it and feel that its influence will be pleasant or helpful, he would soon be aroused to the fact that he has lost his freedom. The agony caused by nerves and brain awaking from their enforced torpor would fill body and mind with horror and anguish, and that he has already become an "opium eater," would be testified by a thousand shrieking voices crying out from every particle of his frame. If any reader has begun to question within himself whether as yet he has become one of the five hundred thousand American opium eaters, let him test his condition by doubling or trebling the interval between his last dose and the next.

But those who assert to themselves that they are free, when, in fact, they are slaves, do not often, either involuntarily or with purpose, resist the upspringing of desire to feel again the narcotic intoxication. They actually do go without the drug as long as they please—but they "please" to take it again so quickly! The desire is so *natural*—so much like that for food, or rest, that it awakens no alarm. The quantity taken at this stage is not large, nor is its cost great. It is easy to gratify what seems to the self-deluded, or the ignorant but a moderate desire, one which they think they could resist if they wished, but somehow do not wish to resist. There is always such a good, satisfactory reason for yielding! One does not feel just right and wants to feel a little better, or has some extra work to do, or is sluggish in mind, or it is a rainy, cheerless day and he would like to have more comfortable sensations, or he feels well and thinks how a dose of morphine would exhilarate him—in a hundred ways the grip of the tyrant is disguised and his bond slave fooled "to the top of his bent" with the delusion that he is free. The poor victim does not "crave for" or "demand" the drug,—he merely "wants it"—and he thinks the "want" to be only an ordinary desire, which can at any time be mastered by the will. He does not either realize or know that these wants are but the quiet tuggings by which his captor tightens the

chain. To abstain would undeceive him, but he does not wish to abstain. He has not come, as yet, to that stage of his experience—the matter is not important enough. Or, if he would but consider, he would see that his fertility in excuses for self-gratification shows that his nature, his unconscious self has become so opiumized, that his brain has taken sides with the drug, and submitted to its autocracy.

While those who are passing through this stage of the morphine habit are really confirmed opium eaters, yet their case is not so hopeless as it afterwards becomes. To stop in the downward path and retrace their steps may not be impossible even without aid, although the sufferings which they would experience cannot be imagined by those who have not felt them. But the difficulty is that they will not think. They are already opiumized or morphinized—they cannot see their condition as it is. As long as there is any relief from pain, any mental stimulus, any trace of pleasant exhilaration in the drug they will, almost without exception, continue its use, and close against themselves the door of self-deliverance.

But as surely as the pursuit of the Furies and the decrees of Fate, the time comes when they are awakened—not to their danger perhaps—but to their condition. The intervals between doses have decreased until every day—perhaps twice or even three times in each twenty-four hours, the narcotic must be swallowed. The desire for it is no longer a mere want—it is an imperious demand. The amount of the drug taken each time has been steadily increased until many deaths are hidden in each dose. The captive of the drug can no longer quiet himself with the thought that there are days when he has no longing for the opiate, for there is not an hour nor a minute of his conscious existence when he does not realize that he is under the influence of the poison, even with the cunning help of the opium spirit he can no longer deceive himself. He has, doubtless, always had a feeling of strong repulsion against the opium habit. All through his life he has heard those who have acquired it spoken of with contemptuous disgust, at the best, with contemptuous pity. He has seen the pale,

thin victims of the poison as they passed silently along to secure a fresh supply of the opiate, upon which their very lives depend, and has shrunk from the thought of becoming like them. But at last he can no longer hide the fact from himself—he has become an opium eater! He has acquired the habit which once seemed to him like a horrible leprosy—he belongs to the class which once he shrank from and despised.

It would seem that when once aroused to this terrible fact, one would at once begin to seek for some way of escape. But as a general rule, this is not the case. Usually the process of self-conviction is a long one. At first one says to himself that he is not, and cannot become an opium eater. In time he begins to wonder if he is, or will ever be one. And when, at last, he admits to himself that he is involved in the toils from which so few escape, he has become accustomed to the condition which once seemed worse than death. The dulled eyes of the opium eater open but sluggishly to a view of his condition, and his dulled sensibilities do not acutely feel its danger. He simply accepts the fact. Perceiving no open door of escape he does not try, or but rarely tries, at this period of his history, to be delivered from his thraldom. The Satanic spirit which dwells in the drug has at last revealed its power, and asserted its imperious mastership just when, I might almost say, the time for manly revolt has passed, and the hour of terror stricken awakening may yet be far distant. The heavy and evil servitude is sadly accepted and the dull, weary life is lived on.

This must, of necessity be a sombre chapter because it treats of a sad subject. The life of the confirmed user of any form of opium is full of bitter thoughts—he hears within himself a ceaseless undertone of despair. Only in sleep can he find forgetfulness of his great calamity, and in some cases even sleep becomes treacherous and brings dreams which distress, or visions which affright him. There is a mingling of death and life in the opium eaters existence. In alcoholic intoxication there may be lights as well as shadows,—even though the lights be false and treacherous. But that of the confirmed opium eater is for the most part a dull, unrelieved torpor, full of shadows and bitterness.

It is usually the case that those permanent changes in the physical appearance which give the victim of opium or its alkaloid morphia his diseased and often repulsive appearance do not occur until he has reached a still later period in his disease. Frequently the first effects of the habitual use of the opiate is to give a full habit of body —so that, at a distance, or to unobservant eyes, there is an appearance of health and strength. People will congratulate the victim of the habit upon his excellent physical condition—as they often do those who begin to be bloated in the face from the use of alcoholic liquors. It is hardly necessary to add that such congratulations cannot call forth a very hearty response from the opium eater—for he knows that it is disease, not health which gives him the appearance on which he is complimented. And all who observe closely recognize the fact that he is no longer a physically sound man, while those who have learned to know the signs of it, see that he is suffering from the opium diseas—the secret leprosy of modern days, which permeates the body, mind and spirit of its victim. The apparently healthy flesh, which, at a hasty glance seemed to betoken good health, is seen to be both soft and pasty. There is little power of physical exertion, except, perhaps an ability to take long walks. Other forms of bodily exercise or labor in many cases soon produce breathlessness. There is a distaste for physical exertion, and the body often becomes fat and gross because there is so little waste of tissue—that is, because of persistent indolence. The eyes furnish the plainest and most easily observed proofs of the habit. The contraction of the pupil, the flaccid eye-lids, and the dullness of the eye itself, becomes chronic. The quick brightness or the steady shining of intellectual power, are no longer seen in it. The soul that looks out of those windows is darkened, and the windows themselves become clouded.

There are tens of thousands of women in this country from whose eyes the morphine spirit has long since blotted out beauty and brightness and tenderness and love, leaving only a dull glaze, an unseeing, lifeless look. And yet once they were lovely to behold, and strong men have humbled themselves and passed anxious days and

sleepless nights in their desire and endeavor to win from them but a glance of trustfulness and love. To how many of these women, now opium wrecked, have been repeated by voices trembling with honest passion,

> Thine eyes are springs in whose serene
> And silent waters, heaven is seen,
> Thy lashes are the herbs that look
> On their young figures in the brook.

But now, not only has the use of opiates ruined all their beauty—it has made them repulsive to look upon, and often those who once loved them now avoid their gaze and even forget that their glances were sweet in days gone by. One of the earliest effects of the proper and successful treatment of opium patients is seen in the clearing and brightening of their eyes. The opium cloud passes away, and there is clear shining after the long and dreary darkness.

The influence of the habit upon the voice is also very marked. Whatever music there may have once been in its tones, has vanished. It becomes hoarse. The morphinized public speaker can no longer express varying shades of sentiment by varying tones and cadences. The wondrous organ which once uttered every thought and feeling with convincing strength or persuasive sweetness is now "out of tune and harsh." The voice loses its flexibility. It can no longer bear its part in fireside song—even if the opium eater cares to join in fireside singing—which he does not. The music has not only gone out of his voice, but out of his heart and life, and he sits in silence where once he would have been foremost in song.

CHAPTER IV.

MORPHIA-MANIA—Continued.

The mental condition of the confirmed morphine user grows more and more unnatural. The flights of fancy which the drug may once have stimulated, the abnormal intellectual activity which the beginner believed to be new and genuine power—the enlarged faculty of expression which caused him, even though naturally slow of speech, to be fluent in language—all these effects have long since ceased to be felt. The preacher, the public orator, the author no longer persuade themselves that they can open the gates to new and infinite fields of thought by a dose of the drug. The illusion has passed away. The mirage has utterly faded. "The cloud capped towers, the gorgeous palaces, the solemn temples," all the splendid world of their dreaming have dissolved.

It may be accepted as a rule, almost, and probably wholly, without exception, that the beginning of the period in one's life during which one becomes confirmed in the morphine habit, is also the limit of his highest achievement. The confirmed opium eater may indeed seem to others and even to himself to reach new heights of success after that time. He may continue to be a public character, he may be re-elected to office again and again, he may be raised from lower to higher station—but his apparent growth in power is only on the surface and not genuine. The opium taking preacher, the public writer or lawyer may for years preserve their place in popular esteem, or seem to be falling from it but little, but they acquire no new strength. They do not enlarge to any extent the area of their earlier ac-

quired stores of information, and sooner or later, when those are exhausted, their deterioration is rapid. The lawyer may still hold in his memory the principles and precedents of law and practice which he learned before he began to use the drug, but when he has become an opiumized lawyer his growth ceases. One of the more pronounced effects of opiates upon the mental nature is to weaken and confuse the memory. It becomes less and less strong and accurate until facts, principles, recollections which once stood out clear and definite to retrospective thought, are like dim, mist-enveloped forms, their outlines indistinct, and their relations confused.

The business man achieves no great success after he becomes a slave to morphine. In most instances he simply plods on in the old way with ever-failing energy, making no new ventures, winning no great rewards. He sees his clear-headed, active rivals, with their new and more intelligent methods, gradually pushing before him, successful, prosperous,—while he, weak in courage and energy, is unable to match them in the race for wealth, and he often grows envious and bitter. Or, with flickering, unreal energy he may attempt to mend his failing fortunes by hazardous ventures, and feeble in nerve and weak in judgment, add the calamity of financial ruin to the burden of misery which weighs upon his heart. The judgment of the opium eater is impaired. Whether a business or a professional man he will more and more frequently make mistakes, and decide incorrectly. His counsel to others becomes unreliable, and his conclusions as to his own conduct grow more, and more noticeably unwise.

The effects of the use of opium in any of its forms upon the will are very marked. So far as regards the taking of his regular opiate by the confirmed opium eater, he has no will at all. The questioning of his friends, when they become aware of his condition, as to why he continues so dangerous and fatal a practice, or why he does not cease it at once, are not only as idle as the noise of the wind, but proceed from perfect ignorance of the nature and consequences of the habit. The opium eater's will is no longer the will of a free man. It has not only become enslaved, but it consents to the

bondage. More than that—it has become the purveyor of the tyrant—his willing helper. While under the influence of his dose the victim may have dreams of revolt, and self-control—but they are the merest dreams. At the first awakening of the opium craving the will ceases all show of resistance to the desire. Its subjugation is complete, its obedience abject. When the will has once become opiumized, to call upon it, unaided, to resist the cravings of body and mind for the accustomed opiate, is asking it to resist itself, and reverse all the laws of its operation. It is true that there may come a time when, owing to certain physical changes produced by the drug, the mind will become desperate at the thought of the subjection of body and soul to so hideous a slavery, and the will may rally to its aid. Of this experience I shall speak in a subsequent chapter. But in most instances, and usually for a considerable length of time, the victim has no will as regards his habit. He simply yields; yields not only his body and mind, but his very self to the power of the tyrant. And to exhort him to exercise will-power and abandon at once his opiate seems to him, (what it really is) the language of the foolish and the blind.

But the change produced in the will by opiates influences the life, not only with respect to the habit, but in all its activities. The whole being is smitten with torpor. The old energy which once made action necessary and occupation a delight has become a thing of the past. There is a shrinking from exertion in most cases, which steadily increases. Not that the body is incapable of work, for under the influence of the habitual stimulant the opium eater may, while yet the drug has some stimulative effects, show fictitious strength. But the will has become so poisoned and so weak that it will not urge to exertion, or sustain for any length of time either physical or intellectual activity. The man is sluggish and listless. For hours he may sit gazing at vacancy. In many instances simply to rise and cross a room seems too great an exertion—something to be postponed as long as possible. Weakness of will results in procrastination. Duties which should be attended to at once are put off—and often, when performed, are done as hastily

and with as little exertion as possible. The opium eater's promise to do anything cannot be depended upon, partly because the impairment of his memory will probably cause him to forget, but also because it becomes a habit of his life to put off whatever requires exertion and the exercise of will-power. Thus duties remain undone, business is not attended to, or is carried on almost mechanically.

The captivity of the opium eater's will causes him to fail in attention to what he should remember or perform. He does not fix his thought upon what he sees and hears. He promises and before the echo of his word has died away he forgets. It is because he promised mechanically—he did not give attention to his own words—his will was torpid, and did not add its confirmation to his promise—as in the old days, when in full possession of its royal power, it would have done. The will being in such vassalage, the whole life is filled with weakness and failure.

The impairment of memory by the opium habit, already referred to, extends both to the facts and circumstances external to oneself, and to his own inner experiences. He fails to recollect his own ideas and emotions. His days are no longer linked together in his consciousness, but he lives, each day, each hour of his opium torpor, by itself, almost without remembrance of his more recent past, and careless of the future. He thus misses that which is the best result of living, the attainment of experience. He does not gain wisdom from the lessons of life. He not only forgets what he has seen and what he has promised, but he also forgets what he reads, so that books cease to add to his stores of information. He may read and re-read, but facts and principles seem to leach through his brain, like rain falling upon a bed of barren sand, fertilizing and refreshing nothing. It is often the case that those who habitually use opium or morphine almost wholly cease to read anything but the lightest kind of literature, and even such books they will go over again and again. They retain so little of what they read that a book will be almost new to them if read once a week.

The sentimental and social elements of the nature of

the typical opium eater are touched and deadened by the paralyzing effects of his indulgence. His emotions do not respond, as they once did, and as those of a healthy nature will, to the joys and sorrows of this human life of ours. His laughter lacks the genuine ring of merriment. As for tears, their very springs seem to be dried up. If his usual dose be delayed or lessened he may become hysterical, and tears may flow at the lightest provocation, but, while in his usual condition, he will look even at the sorrow which touches him most nearly, with dull, unwet eyes. He does not feel deeply—his emotions are deadened. He frequently exhibits, in trying circumstances what people may call "good nature," but it is not that cheerful spirit which, while it sees and comprehends trial and perplexity and loss, bears them with bright courage—fronting adversity with a brave smile. The opium eater's freedom from gloom and repining at ill fortune arises from his apathy. It is easiest to take what comes, without exerting himself to welcome or to resist.

His social nature undergoes a similar change. Very often he becomes a silent member of his own household, withdrawing himself from its conversation, and its interests. That little world is, to him, like the great world, dim and only partially real to his thought and feeling. He avoids society. He does not care to make new acquaintances nor even to keep up old friendships, for this would require exertion and compel him to go out of the life he is living,—a life lived in the narrow circle which the dim opium-light reveals. He does not enjoy social company—his mind is too sluggish and his aversion to leave his little opium-world too great. He is happiest when left alone to his own vague thoughts and useless dreaming. How many thousands of the women of this country are living most unnatural and most useless lives because they have become enslaved by the opium habit! Their faces lose the beauty of youth and grow sallow, their countenances no longer respond to the play of thoughts and feelings,—there is no longer any activity of mind or emotion—or at the most only an occasional outburst of unnatural vivacity which causes the listeners to look at each other with wonder. As the habit grows

more and more confirmed, its shadow deepens in the soul and in the life. The distaste for exertion and for society which it causes, results in neglect of social activities. Even household duties are in time postponed or carelessly performed. All that is finest, most helpful, and most winning is destroyed, affection sadly departs from the fireside and comfort from the home.

It is not possible that the opium eater's moral nature should be unaffected by his practice. The tendency of the habit to destroy truthfulness has often been referred to by writers on this subject. How can it be otherwise? The one upon whom the opium habit has become fixed carries with him a secret shame. The endeavor to hide his practice is constantly in his thought. There is hardly an artifice, a subterfuge, a deceit which he will not adopt in order to keep it secret. No matter how high his standing or whether he be preacher or layman, the instinct for concealment is stronger than his respect for the truth, or his impulses toward open and manly acts. Even Coleridge, clergyman as he was in early life and eloquent discourser upon the moralities to the end of his days, would deceive and cheat in order to procure his tremendous draughts of opium tincture. Not that it would be just to blame him for such conduct, as we would blame those who do not use opiates, for deceit or falsehood. The laudanum was a necessity—the outcry of his whole nature for it was fiercer than even the clamor of hunger and thirst are in the starving. But whether to be blamed or not for his specific acts of dishonesty, the fact remains that through the opium habit a noble being, endowed by nature with moral attributes of the highest kind, became depraved. And his constant efforts to conceal the habit, and the underhand methods used to obtain the drug without attracting notice or awakening suspicion, must necessarily affect the opium eater's truthfulness and honesty in other things. That it does have this influence upon the moral nature, causing it to deteriorate as a whole, is the case almost without exception.

But even worse than this, is the effect upon the opium eater of his consciousness that the secret which he is hiding in his breast is a shameful one. He conceals his

habit because he is ashamed of it. Growing more and more apathetic concerning all other things, he retains his sensitiveness as to this. As long as the habit continues this sensitiveness never leaves him. It is only the really cured opium eater who, grateful for his deliverance and rejoicing in his liberty and "newness of life," has courage to speak of the bondage from which he has escaped. But before his cure, he felt within himself a constant sense of shame. All through the day it weighed upon his heart and at evening, when he lay down upon his pillow, the feeling grew stronger and more bitter. Regrets, self-reproaches, pangs of self-accusation—all the voices of a rebuking conscience which torment and murder sleep—thronged around him, crying "guilty," "guilty!" Even if by little or no fault of his own his enslavement began, still the sense of concealed disgrace is almost as strong and as fatal to self-respect as that of positive guilt.

No one who must hide from all eyes such an evil secret, can help being injured in all his better nature. He has a sense of falseness—of not being what he seems to be. He knows well that if his friends and acquaintances knew what he is hiding they would not greet him as cordially nor continue to hold him in esteem, as they now do. And being all the time conscious of the secret, and of its shame, he becomes degraded in his own eyes. He loses his self-respect—and when that is lost the process of deterioration becomes general and rapid. The processes of physical and moral degradation go on side by side, or, if physical debasement be the most rapid, that of the moral nature may be the most repulsive and complete.

CHAPTER V.

MORPHIA-MANIA—Continued.

"The pains of hell gat hold upon me."—*Bible.*

There are two classes of confirmed opium eaters and morphagists who have realized to its full extent what it is to be victims of the opium fiend. They are, (1st) those who, after long subjugation, have rallied all their failing energies, and made a determined effort to forsake the habit, and (2d,) those whose digestive organs have temporarily refused to act upon the usual dose of the opiate and therefore fail to supply the system with the poison which has become so essential to life itself. These two classes of opium eaters, and they alone of all people that live on earth, have actual knowledge of what opium or morphine habituation involves. Every habitual user of the drug soon discovers that its tender mercies are cruel, but those above mentioned have passed beyond the Limbo of all lesser pains, and have felt the burning of Tartarean fires.

Those who belong to the first class spoken of are all who, of their own determination, make a desperate effort to turn and re-ascend the steep declivity down which they have so easily come. They may be led to this resolve by the pressure of poverty, which in view of the increased amount taken, seems to make the necessary quantity of their opiate unattainable in the future. In other cases the victim suddenly rallies and determines to break the fetters which have held him in a long duress of stupor and lifelessness. He sees all at once, and almost clearly, what he has become, what he has lost, and how barren of all that makes life sweet and bright is

his whole future. Hope and ambition paralyzed, wealth failing or dissipated, the dreams of his youth all unfulfilled, his social position lowered, his self-respect gone—he sees himself sinking fast toward a condition in which there will be "none so poor to do him reverence." This hideous vision of the past and present and future rises before him in some hour when his possession by the opium devil is perhaps less powerful than usual, and he resolves, in desperation, that his life shall not be wholly spoiled. He will deliver himself from this "Death-in-Life." His whole existence shall not be made an utter failure by the benumbing tyranny of a drug!

The African explorer and missionary, Livingston, gives a graphic account in one of his volumes, of the attack upon himself by a lion which crippled one of his arms for life. The animal seized him in its tremendous jaws, and shook him as easily and as violently as a terrier worries a rat. And the effect of it was to cause all sensations of fright and fear to cease utterly. He felt no pain from the crunching teeth and shivered bone; he was not afraid of the death which seemed so near. There was some strange, anodynic power in the shaking which he had received, that caused all feeling to cease.

But, when Livingstone had been rescued from the lion's jaws, there came reaction and fever and pain. And to the opium or morphine victim, gripped by a fiercer and more terrible monster than any wild beast of the jungle, there comes, when he rallies from his torpor and endeavors to loosen the clutch of the fangs which hold him, an experience of indescribable torture, involving the whole nature in its agonies. A more full reference to this experience will be found in another chapter of this book. For the present it is enough to say that the chief result of such unaided attempts to escape from the clutches of the opium monster, is simply to plunge the sufferer into the opium eater's Hell—the Gehenna of burning torment and hopeless despair! While Dr. J. V. Richards, of Lawrenceville, Ill., was under my treatment, he said, in reference to this subject:

"When I had been taking thirty grains of sulphate of morphia every twenty-four hours for a long time, I got

to thinking one day how the drug was utterly ruining my life and killing me by inches, and I resolved firmly for the first time after forming the habit, to stop its use. And for four days I did stop. But if I had gone without it one day or even a few hours longer I should have been a raving maniac. No brain could endure such agonies for any longer period. "Hell tortures" is no name for them.

The second class of those who know all the terrible significance of the term "habitual opium eating," embraces those who continue the use of the drug until the stomach ceases, temporarily, to respond to the call made upon it by its customary dose. In such cases this organ, after patiently accepting and digesting for years the unnatural, poisonous potions, becomes exhausted, and cannot, for a time at least, give to the blood its accustomed narcotic stimulus. In many instances the stomach, suddenly, and without warning, rejects the drug. It has been submissive for a long time, taking in the abhorrent poison as though it were healthful sustenance, but at last it *cannot* bear such unnatural action. The sufferer suddenly finds that the devil's manna on which his very life depends throughout his desert journey, can no longer be eaten.

When this condition becomes permanent, death or insanity are not far distant. And even though it continues only for a few days, its effects are terrible. The first feeling which it awakens is that of alarm, deepening gradually into a horrible, foreboding fear. It is at this period that many opium or morphine eaters die from what is called an "over dose" of the drug. The first and usual portion of the opiate having failed to produce its accustomed effects, because it lies inert, undigested in the exhausted stomach, another one is taken. That, too, failing to influence the physical system and quiet the mind, still another, and another dose is swallowed. Then, as an overloaded camel which has fallen down mid-way in the desert path and is beaten with frantic excitement by its affrighted rider whose very life depends upon its own, rises and staggers on its way, so the stomach at length is goaded into action by the mass of poison with which it is burdened, and pours the whole of it, almost at once, into the blood. But the system of the

sufferer, notwithstanding its habituation to the drug, cannot endure so tremendous a load of poison, and he passes through sleep to death.

If the morphine victim fears to arouse his digestive organs by such desperate means, he may preserve his life for a time, but if the torpidity of the stomach continues for three or four days, or if, affrighted at the warning he has received, and which has shown him the fearful end of an opium eater's life, he tries to abandon the habit, he passes into tortures beyond the power of words to describe. He pays for every pleasant sensation in the past with agonies intensified a hundred fold. Every hour of false opium quiet must have its compensation of sleepless torment. The avenger is upon him. A hundred voices within him will shriek out the awful question "what shall we do to be saved?" But alas! too often, the only answer is a horrible silence, a gathering darkness deepening into insanity or death.

CHAPTER VI.

PATHOLOGICAL CONDITIONS.—NERVOUS DISEASES AND THEIR ORIGIN.

The human body is marvelously and wondrously made; so delicate and accurate in its varied mechanism that a slight injury to one part will often affect the workings of the whole machinery, and cause a difficulty which may suspend the action of important functions. In some cases, through a complication of causes, it may stop the wheels of life, and death ensues. In a system, every part of which is so harmoniously organized, any injury to a part of the structural formation must have its effect upon the whole organism to a greater or less extent, the different parts being so intimately connected with each other. The introduction of anything deleterious or poisonous into the system is at once repelled by nature. The blood, the liver, the kidneys, the stomach, the secretories all unite in protesting against the intrusion and seeking to expel the intruder. A general revulsion ensues nor does it cease until the poison has been thrown out and entirely eliminated.

True as this is, it is also certain that poisonous substances can be taken into the system in small quantities, and assimilated, and by degrees increased, so that eventually systemic changes are made, and the body becomes accustomed to the abnormal condition, and finally accepts it as its *normal* condition. This has been repeatedly evidenced in the formation of diseases arising out of the excessive use of narcotics and stimulants. There is now a class of diseases which, having a neurotic origin, are developed by stimulants and narcotics until a new com-

plication arises which gives them a much more important and dangerous character. It is not my purpose to speak of the different branches of this class in detail, including as it does, dipsomania, inebriety, opiumania, morphism, etc., but only to state the general facts and leave them for the consideration of the thoughtful reader.

There is a striking contrast, mental as well as physical, between the people of this century and the preceding one. It is traceable to direct causes and is not so much a growth of civilization as it is a change of the conditions of life. It is expected that a people, a nation will undergo changes in a century; these will occur in the outward appearance, in the expressions of language, in the processes of thought and in the manifestations of feelings. But they are the natural result of a people's growth in civilization; they are consequent upon increased knowledge, upon the diffusion of education, the progress of scientific research, the development of art, the cultivation of literature and other ennobling pursuits. This has been illustrated throughout all history. Look at one period; examine its laws, its poetry, its literature, its political economy, its industries, its portraits of the people then living, its architecture, etc. Compare that period with one a hundred years later and how different! The laws are more humane, the poetry is purer, the literature is more classical, the statesman has a broader view and more comprehensive grasp of political economy, the industries are reaching out into new fields and filling new marts with their products, the people have keener, brighter faces and a more clearly defined contour, while the houses are larger, more comfortably built and better arranged for health. It is so all through the long catalogue; you find change stamped upon everything, but it is simply the change of growth; it is the process of growing older and profiting by the information brought with the years; it is the development of the butterfly from the chrysalis, the growth of the boy into the manhood of strength and power.

But during the last century a change has come over our people which is different to that of growth. There has been a remarkable, almost phenomenal spirit of en-

terprise abroad in the earth and it has swept the nations forward as though on the crest of a mighty wave. Wonderful strides have been made in every department, invention has sought out strange and unsuspected combinations, valuable discoveries of scientific and general value have been made; the arts and sciences have trodden unknown fields, commerce has thrown her mighty forces across continents and oceans, floating her flag in silent seas, and across the pathless desert heralding the advent of civilization and progress. The movement of the world is onward, and to-day it is carrying forward its gigantic enterprises at a speed undreamt of by those who lived even fifty years ago. A growth so marvelous and yet so rapid has imposed mental burdens upon the people which the physical system could not carry without foreign aid. The modern method of cooking and eating is enough to impair the digestive powers and injure the body; while the modern method of living is and must be productive of serious injury to the physical system. It is noticeable that the ages do not bring us any higher development of the physical man, but it is a lamentable truth that each succeeding age shows a positive degeneracy. The body not being perfectly fitted for work it follows that any increase in the mental burdens must be fraught with disastrous consequences. And the spirit of the age, that restless, feverish, speculative exciting spirit of enterprise forces men to accept and shoulder responsibilities and mental tasks far in excess of either their physical or mental powers. Then there comes the over-exertion, the mental strain, the over-taxing of the system until it breaks down under the accumulated and overpowering weight.

This increased mental activity has had the effect of enlarging the brain, much the same as the arm of the blacksmith becomes enlarged and developed on account of his constant use of that member. But with the enlargement of the brain we have a finer and more delicate structure, and hence it is not so well adapted to a constant mental strain. In other words it is more easily disturbed in its functions and consequently leads to complications in those organic forces connected with it.

Hence we have what are now known as Nervous Dis-

eases, a class that was unknown a hundred years ago and which is, peculiarly, a product of our progressive civilization. As a people, Americans are more subject to nervous disorders than any other nation, because the waste of nerve tissue and depletion of nerve force is greater on account of their methods of life and business.

It would almost seem from these statements as though men alone were the sufferers. I have referred chiefly to the exhaustiveness of professional and mercantile life at the present time. But while these classes furnish a large army of victims, it must be remembered that women are liberally represented. They are specially subject to troubles having their origin in the nerve centres and which assume many different forms. It is not difficult to find the cause of all this; a mere glance at the ordinary life of a woman will show us the secret. The present system of education must be held responsible in a great measure, as its tendency is to increase the activity and susceptibility of the nervous system by diminishing the nutrition of the brain, and thus promote organic disease. Amongst young girls we find headaches, somnambulism, sleeplessness, hydrocephalus, night terrors, epilepsy, and kindred troubles which undoubtedly arise from an overstimulation of the nerve centres brought on by the pressure of the present educational system. It has been frequently said that our schools are responsible for nervous diseases more than any other cause; and there is no doubt but that the foundation of a life of misery is often laid during the educational period of life.

The domestic cares and the demands of society are another fruitful cause of nervous diseases among women especially when they do not take sufficient care of themselves, as is generally the case. The clothing is often wholly inadequate to protect them from the weather, and is seldom in consonance with the rational laws of health. There is a tendency to daintiness rather than wholesomeness of food; the emotional and sentimental passions are constantly stimulated, the nerves are sometimes put to a severe tension, while at others extreme lassitude prevails. Such flagrant violations of natural laws are necessarily productive of disease.

Quite recently the term Neurasthenia, or nerve exhaustion has been applied to a large class of diseases, and it is now well known that neurasthenic tendencies prevail amongst us to an alarming extent. In its early stages the sufferer is very apt to regard it as only a temporary debility arising from a disordered stomach, the state of the weather, or some similar cause. He seeks a remedy, and, unfortunately, he often takes something which aggravates the disease. The sale of neurotic remedies is rapidly increasing, and this in itself is an important fact. The sufferer seeks stimulation, he wants to be "braced up," as he expresses it, and he finds in alcoholic liquors a powerful stimulant; or, he desires exhilaration of the mental and restfulness of the nerve forces and he resorts to opium or morphine. In order to build up his system he takes a stimulant or a narcotic. The result is that after the first effects wear off he is left in a worse state of depression and languor than at first, and the remedy has to be taken again. Time only increases the quantity used until at length he becomes a drunkard or a confirmed opium eater. If the skeletons could be dragged out of millions of closets to-day they would be found labeled "Alcohol," or "Morphine."

The addition of a new factor complicates the disease, or rather creates a new and more dangerous disease, and thus we have dipsomania, opiumania and morphiamania. As stated in a previous chapter the victims of morphine have steadily increased in number until now they aggregate in the United States alone, 500,000 souls! It is of this class that I wish particularly to speak, and show the special effects of morphine upon the human system.

CHAPTER VII.

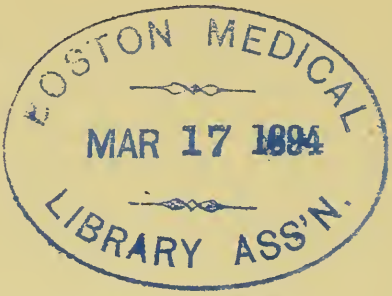
PATHOLOGICAL CONDITIONS.—PHYSIOLOGICAL EFFECTS.

Opium, in its various forms, is the most seductive agent known to the materia medica, and as such it holds a distinctive position of its own. It occupies a place which cannot be so well filled by any other drug, and produces effects unlike those produced by any other compound. It is this seductive and insidious feature which has enabled it to assume a position of masterful authority where it was first introduced as an obedient servant. Its first mission is to allay pain, and this it does so readily that the patient, like the Arab of the desert, regards it as "God's best gift to man." The drug, however, quietly yet surely works its sinuous way until it completely captures the citadels of both mind and body.

Opium produces different effects according to the temperament, the condition and the education of the user. Its first action is to stimulate the physical powers, and intensify the mental forces. It lifts the patient out of himself; he rises superior to all petty annoyances and difficulties and feels capable of great labor and fatigue. Some are lulled to sleep by its soothing influence and easily fall into a dreamy semi-consciousness of unalloyed pleasure. Others again find their mental faculties heightened and quickened to such an extent that they are able to perform literary work with marvelous facility, and when they sleep, the active mind weaves around them magnificent visions of unheard of splendor beyond the ordinary conception of the human intellect.

These peculiar characteristics of opium and morphine have been the means of ensnaring tens of thousands in-

to their use. They are not only subtle but also potent. Each day the victim is brought into a closer relationship with the drug; each day it makes new conquests, and although Nature resists it at every step, yet it makes sure and certain headway. It has wonderful cumulative power; every inch of ground gained is occupied, fortified and garrisoned and the work of conquest pushed on still further. The system may hold out for a long time, but the final result is uniformly the same; the tired organs succumb to the ceaseless attacks of the drug, at last, and with a peculiar facility they adapt themselves to the new condition of things. The drug now assumes a different character; it is not taken for the purpose of exhilaration and mental activity, nor yet to relieve the pains of disease. The system simply demands *so much* opium or morphine each day, because it will assuage the terrible pain and destroying agony *produced by itself*, and in which the victim cannot live. The drug has now lost its former beauty as an angel of mercy, and has become the black avenger of a wasted life.



CHAPTER VIII.

PATHOLOGICAL CONDITIONS.—PHYSICAL AND MENTAL PATHOLOGY.

Although opium or morphine eating is usually termed a "habit," it is, properly speaking, a disease, and as such, is susceptible of pathological demonstration. As this book is intended for the general reader as well as the educated physician and scientist, I shall not here attempt a learned disquisition on this important branch of the subject, but shall speak briefly and plainly so that it will be readily understood. Were I to do otherwise I should defeat one of the principal objects of this work, viz: to bring before the people a clear, comprehensive and accurate account of one of the greatest evils of the present day.

The nervous system is very complex in its character, extending to every part of the human body. It is divided and sub-divided into many distinct classes, yet each having a relationship to the other. The central nervous system consists of (1) the brain and spinal cord; and (2) of nerves that begin in various parts of the body and end in the brain or spinal cord, called afferent or centripetal nerves, and of nerves which begin in the brain or spinal cord and end in different parts of the body called efferent, or centrifugal nerves. The afferent nerves, as the name implies, carry sensation *to* the brain, while the efferent nerves carry motor force *from* the brain to the muscles. They are sometimes so closely interwoven as to form a complete network and are termed *mixed nerves*, yet each separate nerve fibre has a direct line of communication of its own and is encased in a

sheath or membrane which acts in the same manner as the covering of a telegraph wire, which prevents the electric current from being transmitted to any other medium. Nerve fibres are simply *conductors* of sensation, as the afferent nerves; or, *motor impulses* as the efferent nerves. The mind decides that the right hand shall strike a blow. It conveys the decision to the brain, which transmits the impulse or motor force to the muscles of the arm; it is contracted and the blow is struck. Here we have, in a simple illustration, the action of the efferent nerves.

Sensation may be classed as a force. Those feelings or impressions which are conducted by the afferent nerves are in the nature of a force. Commencing at a given part of the body it travels with an unknown and inconceivable rapidity to the brain, and is then *perceived* by the mind. The nerve fibre and the brain are both unconscious of their conductivity; it is the mind alone which takes actual cognizance of the impression or sensation which is conducted by the afferent nerves. The sensation of pain is an illustration of this. Pain is a force. A force, in this sense, is a motion of the molecules composing the nerve tissue. It is this rapid molecular motion which is the vehicle or carrier of sensation to any given point. So, if the finger is touched with the point of a needle, the nerve fibre receives a slight sensation which is instantaneously conveyed to the brain, and the mind is conscious that the finger has touched a sharp point. But if the point of the needle is pressed into the finger, the nerve force is materially increased; it rolls in on the brain with tremendous energy, and the mind becomes conscious of the distinct sensation of pain. The mind conveys the impression to the motor region of the cerebro spinal centre, the force wave rolls along the efferent or motor nerves to the hand, and it is instantly jerked away from the cause of pain. All this happens so quickly that it is impossible to measure the time. It is an instance of the complete action of the nervous forces. There is sensation, mental consciousness, pain and mobility, exercising the functions of both the afferent and efferent nerves which comprise the central nervous system.

EFFECT OF OPIUM OR MORPHINE ON THE NERVOUS SYSTEM.

We will now consider the effect produced by opium or morphine on the nerves and their functions. As pain is an increased motion of the molecules forming the nerve tissue, it is evident that the only way in which morphine can allay pain is to diminish or stop the motion of the molecules in the nerve cells. It can ease pain in no other way. As the nerves of sensation convey their impressions by molecular motion, and as the tendency of morphine is to arrest this functional activity of the molecules, it is a logical conclusion that the physiological action of opium is to diminish the natural forces of the nervous system. This is its primary action. It arrests the legitimate processes of nature and prevents the nerve fibres from fulfilling their accustomed duties. Morphine does even more than this. When the drug has been constantly used for a long time it produces an isomeric change in the nerve fibre. This may result from the continued and excessive use of various drugs, as bromine, chloral, tobacco, alcohol, ether, opium and morphine. It is a distinct chemical change in the structure and action of the nerves and is as positive and well defined as that produced in albumen in coagulation by heat. After this change has been produced, the nervous system requires the new food in order to perform its work. In its natural condition its structure and functions were an equivalent of the food required by it. In its new state of isomerism, the structure and functions must be the equivalent of the natural food *plus* the drug which caused the change. Studied objectively, then, morphism is a condition of isomeric change produced in the nervous system by opium or morphine, and which necessitates the continued use of the drug in order to enable its functions to continue. Every nerve fibre of the opium eater's body cries for the drug, and cannot rest without it. It is an absolute necessity; without it life becomes a hell of torment, and Death a vision of Hope.

It will be seen that I interpret the physiology of the nervous system and the pathology of the opium habit in

terms of matter and motion. They are both purely physical processes. The orbit of a moving molecule is unknown, whether it be that of the light ether or the medullary protoplasmic matter of a nerve. It is not unreasonable to suppose that the molecules of opium may hold a relation as close to those of the nerve in this pathology as are the molecules of hydrogen and oxygen in water. Be this as it may, there is a physical union between them, and a modification of movement of the molecules of the nerve that is the basis of the opium habit. The victim's nervous system has an added factor in its structure as well as function, and the victim is a man or woman *plus* opium or morphine. This being the foundation of the opium habit it will readily be seen that the will has very little influence over it. The will is as much under its influence as is any other function of the nervous system, and, far from having any power over the habit it is largely dominated by it. It is the general testimony of confirmed opium eaters that the will power is lost; they are mere machines, carrying out the behests of an imperious master, and their own volition is no longer a factor in the case.

CHAPTER IX.

PATHOLOGICAL CONDITIONS—THE SEQUENT PATHOLOGY.

The condition above referred to is undoubtedly one of disease. There is life in the body, both physical and mental, but it is that state which is expressed by the term *morphism*, and not the healthy, natural life which is exhibited without opium. Morphism is that condition which results from the process of isomeric change, in which the functions of the nerves, the liver, spleen, kidneys, stomach and other organs are robbed of their natural powers, their energies are curtailed, and the entire system is subject to the palsying influences of a destroying drug.

Sometimes morphine distributes itself evenly throughout the system, and the result is a somnolent consciousness, a dreamy inactivity in which the mind takes no active part, but is entirely controlled by the drug. In others it seems to awaken certain portions of the brain to excessive action, and then we have strange and marvelous flights of rhetorical fancy, weird dreams, grandiloquent expressions and unheard of visions. The action of opium is the same in all cases as far as it relates to the nervous system; its special effects differ with individuals. In every case the long continued use of the drug is followed by mental disease. This follows as a natural sequence. The nerves of sensation being diseased, the brain, which is their terminal point, must also be diseased, and hence the mind is unsound. One of the well known causes of insanity is the isomeric change which is often produced in the brain by the excessive use of narcotics. This condition is known as opiumania,

and when the victim reaches that stage he may be said to be completely given over to the power of a barbarous fiend. To go without the drug is to set every nerve-fibre, every muscle, nay, every particle of his body frantically shouting for morphine; in his convulsions he is thrown to the floor as though by a superhuman agency; he foams at the mouth, his body and face are horribly contorted, and he writhes in dreadful agony. Of such a wretched being it may fitly be said, "He hath a devil!"

One of the earlier symptoms of this horrible consummation is the perversion of the mind. Thought becomes a fictitious relation between realities, the power of creating or originating grand or useful ideas is largely diminished, and the mind runs in narrow grooves. The emotions are besotted and the natural affections dulled; he becomes fanciful, discontented, morose, and irritable; he is troubled with vertigo, headache, sleeplessness, loss of memory, energy and will power. He loses his regard for truth, especially in reference to his habit, and his moral perceptions undergo a demoralizing change. These are the earlier results of the chemical action of the drug on the nervous system and are a strong indication of the awful future which awaits him who continues its use.

Although I have dwelt principally upon the action of morphine upon the nervous system, it should be borne in mind that its power is extended to *all* the organs of the human body. This is not accomplished in a day or a month; it is a gradual growth, as certain as it is gradual. Opium never loses ground, never gives up a point gained, never stops in its work, never calls a truce, but is ever and always, day and night enforcing its grim commands and pushing its victories from stronghold to stronghold. Unless stopped by some superior power, it never halts short of a subjugation of every function of the body and mind. This has been amply demonstrated by post mortem examinations which have shown congestion of the brain; an accumulation of fluid in the ventricles and arachnoid space; catarrhal inflammation of the stomach and intestines; congestion of the liver; oedema of the lungs and cellular tissues; distension of the bladder, owing to the long paralysis of that organ, and the pres-

ence of opium in the urine. A disease so subtle yet so pervasive might well baffle the skill of the medical profession in the years gone by; but we may rejoice that at last by the persistent efforts of science, its pathology stands revealed in all its ghastliness; and the means of its complete eradication and cure have been made known to the world.

CHAPTER X.

METHODS OF TREATMENT.—THE PLAN OF "SELF-CURE."

Is there no balm in Gilead?—*Bible.*

It is only within the last fifteen years that the subject of the opium and morphine habit and its treatment, has been brought prominently before the world. I think I can truthfully say that it is only within the same period that the medical profession have bestowed upon it any large degree of thought and attention. During the term mentioned the habit, and various methods of treating it, have been brought into more and more prominence. Members of the profession have advocated alleged physiological antipathics in the medical journals. "Antidotes," "Remedies" and "Cures" have been "invented" advertised and pushed by non-professionals until they are as numerous as the harvest of which sprang from the tilth of Cadmus and his broad-casting of dragon's teeth. The business of "curing" the opium and morphine habit has become a new Hydra. As one "discovery" fails and ceases, another, like a new head, takes its place, with lips as thirsty and jaws as strong, to drain the very life-blood of its victims. Many thousands of opium eaters have found that this monstrous, many-headed leech is only less exhausting and fatal than the opium disease itself. It is my purpose to describe and discuss, with all possible accuracy and fairness, all the various methods of treating the opium disease. And at the outset I will speak of that one which is still believed by the great majority of physicians to be the only means of recovery for their patients of this class, viz; that of overcoming the habit by "gradual reduction" of the daily doses of the drug. As

this method is so frequently tried by sufferers without reference to medical advice, it has been called that of "self-cure."

The first thought of the opium or morphine eater whose opiate-life has reached a crisis, is to cure himself, without seeking the assistance of medicine. He usually does not ask the aid or counsel of a physician, for the instinct of concealment continues even to the latest stages of his habit, and he shrinks from revealing, even to the doctor whom he trusts, the secret which he has so long endeavored to guard. But even if he should tell his doctor the story of his misfortune, he would, in the vast majority of cases, simply be told that he must gradually reduce his daily "quantum" of the drug, and thus in time learn to do without it. If he turns to the one enduring work which the opium habit has produced, the "Confessions of an English Opium Eater," he will find that its author based all his hopes of recovery from the abyss into which he had fallen, and whose dark depths were stirred by the sound of his "*Suspiria de Profundis*," upon the method of self-cure by "gradual reduction." And, unless he read the words of the famous essayist more carefully than many have done, he may fail to notice the fact which is half hidden and half revealed, that DeQuincy never found the deliverance for which he strove. The last words of his last utterance on the subject end in an awful plagal cadence, of hopeless despair.

After stating that twice he had, for a time, entirely abandoned the use of opium and again resumed its use, he thus concludes:

"During this third prostration before the dark idol, and after some years, new phenomena began slowly to arise. For a time these were neglected as accidents or palliated by such remedies as I knew of. But when I could no longer conceal from myself that these dreadful symptoms were moving forward forever, by a pace steadily, solemnly, and equably increasing, I endeavored, with some feeling of panic, for a third time to retrace my steps. But I had not reversed my motions for many weeks before I became profoundly aware that this was impossible. Or, in the imagery of my dreams, which translated everything into their own language, I saw, through vast ave-

nues of gloom, those towering gates of ingress, which hitherto had always seemed to stand open, now at last barred against my retreat and hung with funeral crape.

"The sentiment which attends the sudden revelation that *all is lost!* silently is gathered up into the heart; it is too deep for gestures or for words; and no part of it passes to the outside. Were the ruin conditional, or were it in any point doubtful, it would be natural to utter ejaculations, and to seek sympathy. But where the ruin is understood to be absolute, where sympathy can not be consolation, and counsel can not be hope, this is otherwise. The voice perishes; the gestures are frozen; and the spirit of man flies back upon its own center. I, at least, upon seeing those awful gates closed and hung with draperies of woe, as for a death already past, spoke not, nor started, nor groaned. One profound sigh ascended from my heart, and I was silent for days."

Ignorant of this tremendous failure, or not appreciating its significance, the sufferer of to-day resolves to pursue the same process of self-deliverance. He remembers that it was by means of doses gradually increased that he came to be a confirmed opium eater, and he argues with himself that as he entered the regions of horror step by step down a descending path, so he may retrace the long and steep incline, and, finding at its top the "gates of ingress" still open, pass out into a free and happy life!

Easy is it to glide downward into the awful opium gulf, but to return and escape, how hard! The recorded experiences of opium and morphine eaters, who have attempted to cure themselves by gradual reductions of the daily dose of their opiate is like a horrible, infernal chorus of shrieks and screams. The language has been ransacked by these sufferers for terms intense enough to set forth even a little of their misery.

Let me endeavor to place before the reader the experiences of a typical case of attempted self-cure. Every incident and detail of suffering, and of lamentable and disastrous failure, can be substantiated by scores of published experiences and by hundreds of instances described in my own correspondence. Let the individual be of middle age, and, originally, of more than ordinary strength of constitution and of a hopeful temperament. His

powers have not been greatly wasted, as yet, and he has by nature a strong mind and a determined will. He has, for some years, been taking, let us suppose, an average quantity of 14 grains of morphine in each 24 hours. He has, hitherto, made only feeble and abortive attempts to cease using the drug, but now, alarmed by a failing stomach, or shocked by a vision of a life ruined, he summons all his strength and condenses all his energies of mind and body into a resolution to break the withes which are binding all his powers. He withdraws himself from his accustomed duties and cares, so that he may be burdened by no unnecessary weight in the contest, and begins to carry out his determination to reduce gradually his daily "ration" of the poison until the amount taken shall become so insignificant that he can entirely abandon it.

He may, possibly, make a rapid reduction during the first three or four days, perhaps coming down to one-half his habitual quantity in that time. Many a victim of the habit beginning such a struggle, has felt a short and utterly deceptive joy at the idea of a speedy deliverance from his bondage, because he has, in so short a time, reduced his daily doses of the drug one-half, without experiencing any feeling worse than general uneasiness and discomfort. He does not know that the perverted machinery of his body has been storing up morphine in all the tissues, and that it is this hoarded poison which makes the first stage of his trial so easy, by supplying the stimulus which the system has come to require.

But by the third or fourth day of such continued reduction, this store of isomerized morphine begins to fail, and, although it might require weeks to entirely exhaust it, the help which it gives becomes less and less. From this time, be his daily reductions ever so minute, the sufferer rapidly passes into the seething crater of the opium agony. He experiences an intense irritability both mental and physical, cold chills pierce to his very marrow, to be suddenly succeeded by hot flushes, and out-bursts of perspiration which make him drip at every pore. Pains which pierce and sting like poisoned spears are felt here and there all over the body; in the stomach there is a constant, terrible sensation as if a brood of sharp-toothed hungry vermin were gnawing and tearing its coats.

The mind becomes affected. The power of attention and continuous thought is lost, reading becomes impossible, not merely on account of ceaseless restlessness and tormenting pains, but because the mental faculties are incapable of concentration, and it is impossible to fix the attention upon consecutive sentences. All mental activity is paralyzed. Consciousness remains, but it is a consciousness of unceasing pain. There is no longer any restful sleep, but only half slumber, and this is full of conscious uneasiness, or is tormented with delirious dreams.

And yet this is but the threshold of the torture chamber. As the days pass, and, with stubborn endurance, the reductions are still made until the daily dose is but a grain or even less, the patient experiences horrors which no words can portray! For a brief period, after taking his comparatively minute dose of the drug, he may experience some mitigation of his sufferings, but the relief is only partial and exceedingly brief. Not for an instant does his torment cease, and day and night not a conscious moment is free from pains like those which, in darker ages than these, wrenched shrieks and awful secrets from traitors tortured on the rack. If the eyelids close, it is not in slumber,—the drug which once gave such sweet and irresistible invitation to repose, has perfected its treachery—it has "murdered sleep." Instances are not wanting where the victims of the morphine disease, endeavoring to cure themselves have gone absolutely without sleep for one or two months. The sleepless days and nights appear to lengthen until each day, each hour seems endless. One who has described his own experiment of self-cure, writes:

"It may aid the reader to form some adequate notion of the dreary length to which these nights drew themselves along, to mention that, on one occasion I resolved neither to look at the clock nor open my eyes for the next two hours. It then wanted ten minutes to one. * * * For what seemed thousands upon thousands of times, I listened to the clock's steady ticking. I heard it repeat with murderous iteration "Ret-ri-bu-tion," varied occasionally, under some new access of pain, with other utterances. * * * * With these alloted tasks

accomplished and with the suspicion that the alloted hours must have long expired, I would yet remind myself that I was in a condition to exaggerate the lapse of time; and then, to give myself every assurance of fidelity to my purpose, I would start off on a new term of endurance. I seemed to myself to have borne the penance for hours, to have made myself a shining example of what a resolute will can do under circumstances the most inauspicious. At length, when certain that the time must have much more than expired, and with no little elation over the happy result of the experiment, I looked up at the clock and found it to have been just three minutes past one."

And every second of those interminable minutes is full of indescribable pain. The feet and lower limbs seem filled—not with blood, but with fire. The nerves, so long held in unnatural quiet, awake and begin at once to pay, with interest, for every moment of enforced, abnormal torpor with intensest torture in every atom of their fibre. A fierce, insatiable restlessness pervades every particle of the body—constant motion through each day and night is a necessity, but in no wise a relief.

One who was endeavoring to cure himself by reducing his *quantum* of crude opium at the rate of one grain each twenty-four hours, writes: "From seventeen grains downward, my torment (for by that word alone can I characterize the pangs I endured,) commenced. I could not rest, either lying, sitting or standing. I was compelled to change my position every moment, and the only thing that relieved me was walking about the country. My sight became weak and dim; the gnawing at my stomach was perpetual. * * * * A dull constant pain took possession of the calves of my legs, and there was a continual jerking motion of the nerves from head to foot. My head ached, my intellect was terribly weakened and confused, and I could not think, talk, read nor write. * * * I became unable to walk, and used to lie on the floor and roll about in agony for hours together."

But it is unnecessary to dwell upon the physical agonies of those who try to retrace their steps along the path of the opium habit. The way is paved with red-hot

coals and encompassed with burning flames. In addition to the pangs of body there is a distress of mind which broods over all like a dense cloud of despair. Whether the victim was sinful, weak, or only decieved makes no difference—his punishment is superlative, surpassing all other pains. In the emphatic language of Fitz Hugh Ludlow: "The grasp with which liquor holds a man when it turns on him, even after he has abused it for a life-time, compared with the ascendency possessed by opium over the unfortunate habituated to it but for a single year, is as the clutch of an angry woman to the embrace of Victor Hugo's *Pieuvre.* A patient whom, after habitual use of opium for ten years, I met when he had spent eight years more in reducing his daily dose to half a grain of morphia, with a view to its eventual complete abandonment, once spoke to me in these words: '*God seems to help a man in getting out of every difficulty but opium. There you have to claw your way out over red hot coals on your hands and knees, and drag yourself by main strength through the burning dungeon bars.*' " It is well known that inebriates taken hold of by religious excitement sometimes, for a while, and perhaps permanently, cease wholly the use of alcohol, and lose at once all desire for it. But who ever heard of a confirmed opium eater who had experienced such a cure?

The saddest fact in connection with this method of cure by "gradual reduction" is, that after enduring such torment of fire, the few who succeed in finally abandoning this opiate are by no means *cured.* The great majority of those who try this terrible backward path, soon turn, affrighted, from its horrors, and go forward toward the ruin that awaits them. But the very few who, by reason of extraordinary strength of constitution and will, go through the ordeal, and emerge with life and reason, are but the wrecks of what they once were. As they lay like souls in the burning flames of ancient superstition, waiting for the period of their torment to end, they hoped that when, at last, the brazen gate opened and they went out free, they would come into the old, bright world which existed for them before they passed into the eclipse of the drug. They hope to be strong and full of energy once more.

But these hopes are not fulfilled. In some cases, in which a very moderate amount of the drug has been used, each day, and that only for a short time, (as three or four grains daily for a few months), and in which the physical nature possesses exceptional strength and endurance, the opium eater cured by "gradual reduction" alone, may become reasonably healthy in body and mind. But cases of this kind are so rare that they do not modify the general fact, that the exceedingly small percentage of those who succeed in this method of self-cure are so weakened in body and mind by the drug and their struggle to cease its use, that life is almost useless to them. Their condition is vividly described in the narrative of his experience by a gentleman who in about forty days reduced his *quantum* from eighty grains of gum opium to nothing. He says: "During the time I was leaving off opium I had labored under the impression that the habit once mastered, a speedy restoration to health would follow. I was by no means prepared, therefore, for the almost inappreciable gain in the weeks which succeeded. * * * So exceedingly slow has been the process toward the restoration of a natural condition of the system, that writing now, at the expiration of more than a year since opium was finally abandoned, it seems to me very uncertain when, if ever, this result will be reached. Between four and five months elapsed before I was at all capable of commanding my attention or controlling the nervous impatience of mind and body. * * * * * The business I had undertaken required a clear head and average health, and I had neither. The sleep was short and imperfect, rarely exceeding two or three hours. The chest was in constant heat and very sore, while the previous bilious difficulties seemed in no way overcome. The mouth was parched, the tongue swollen, and a low fever seemed to have taken entire possession of the system, with special and peculiar exasperations in the muscles of the arms and legs. * * * I would sit for hours looking listlessly upon a sheet of paper, helpless of originating an idea upon the commonest of subjects and with a prevailing sensation of owning a large emptiness in the brain, which seemed chiefly filled with a stupid wonder when all this would end.

"More than an entire year has now passed, in which I have done little else than to put the preceding details into shape from brief memoranda made at the time of the experiment. While the physical agony ceased almost immediately after the opium was abandoned, the irritation of the system still continues. * * * * * Had some virus been transfused into the blood, which carried with it to every nerve of sensation a sense of painful, exasperating unnaturalness, the feeling would not, I imagine, be unlike what I am endeavoring to indicate."

And this was his reward for a battle and a victory compared with which the torments of martyrs were as pleasant dreams! But this is not the end of it. In a postscript to the statement from which the above is quoted, he says:

"At the time of writing the preceding narrative I had supposed that the entire story was told, and that the intelligent reader, should this record ever see the light, would naturally infer, as I myself imagined would be the case, that the unnatural condition of body would soon become changed into a state of average health. In this I was mistaken. So tenacious and obstinate in its hold upon its victim is the opium disease, that even after the lapse of *ten years* its poisonous agency is still felt. * * * * * * *

"In my own case the most marked among the later consequences of the disease of opium, some of which remain to the present time and seem to be permanently engrafted upon the constitution, have been these:

1. Pressure upon the muscles of the limbs and in the extremities, sometimes as of electricity apparently accumulated there under a strong mechanical force.

2. A disordered condition of the liver, exhibiting itself in the variety of uncomfortable modes in which that organ, when acting irregularly, is accustomed to assert its grievances.

3. A sensitive condition of the stomach, rejecting many kinds of food which are regarded by medical men as simple and easy of digestion.

4. Acute shooting pains, confined to no one part of the body.

5. An unnatural sensitiveness to cold.
6. Frequent cold perspiration in parts of the body.
7. A tendency to impatience and irritability of temper, with paroxysms of excitement wholly foreign to the natural disposition.
8. Deficiency and irregularity of sleep.
9. Occasional prostration of strength.
10. Inaptitude for steady exertion."

What a dismal outlook this presents to those who are searching for encouragement in curing themselves of the opium or morphine habit by the methods now under consideration! This is not recovery from a disease—it is a permanent diseased condition. Unless the victim of opium can find some stronger and more efficent aid his case is pitiable indeed!

CHAPTER XI.

METHODS OF TREATMENT.—Continued.

THE LEVENSTEIN METHOD, AND THAT OF "RAPID REDUCTION."

The first mode of treatment mentioned in the heading of this chapter consists, at least in theory, in placing the patient under the care of a physician who at once prohibits the further use of the drug, even in the smallest doses. In the method of "rapid reduction" constantly diminishing doses are administered during the first eight or ten days, at the end of which time the supply ceases. These methods are so nearly alike in their immediate and secondary results, that they may be treated as one.

The patient is to be removed from his usual surroundings and placed under the supervision of a physician specially skilled in the treatment of opiate diseases. He must have attendants, educated to their duties, and in whom the medical director can place the most implicit confidence that they will rigidly follow his instructions, and will not yield in the least to the entreaties of patients, nor be moved by the sight of their sufferings to modify the rules of treatment. The patient is to be placed in a room, the windows of which are to be carefully fastened so that he cannot escape, and the walls padded, so that, when, in his agony, he dashes himself against them he will recieve no injury. This room must contain no furniture with which suicide can be accomplished, no sharp instruments, and no projecting corners from which the patient can suspend himself by the neck. His clothing is to be removed and carefully searched for concealed

opiates before it is restored to him. After all these necessary preliminaries the method of treatment by entire cessation or by "rapid reduction" of the dose, begins.

I will not attempt the impossible task of picturing the sufferings which patients experience under these methods of treatment. The author whose name has been given to one of them, Levenstein, in referring to them says: "Although persons who suffer from morbid craving for morphia show different symptoms, some of them beginning to feel the effects of the poison after using it for several months, while others enjoy comparatively good health for years together, there is no difference between them as regards the consequences upon the partial or entire withdrawal of the narcotic drug. In this respect they are all equal. None of them have the power of satisfying their passions unpunished.

"Only a few hours have passed since using the last injection of morphia, and already the feeling of comfort brought on by the action of the drug is passing off. They are overcome by a feeling of uneasiness and restlessness; the feeling of self-consciousness and self-possession is gone, and is replaced by extreme despondency; a slight cough gradually brings on dyspnœa, which is increased by want of sleep and by hallucinations.

"The vaso-motoric system shows its weakness by abundant perspiration, and by the dark color of the face, which replaces the pale condition apparent during the first few days.

"Flow of blood to the head and palpitation of the heart, with a hard pulse, soon show themselves. The latter symptom often disappears suddenly, and is replaced by a slow, irregular, thread-like pulse, which is the sign of the beginning of a severe collapse.

"The reflex irritability increases, the patients begin to sneeze and to have paroxysms of yawning; they start if any one approaches them; touching their skin causes crampy movements or convulsions; the trembling of the hands, if not already evident, now becomes distinctly perceptible. The power of speech is disordered; lisping and stammering take place. Diplopia, and disorders of the power of accommodation, frequently accompanied by increased secretion of the lachrymal glands, show

themselves. The patients are overcome by a feeling of weakness and total want of energy, and are thus compelled to lie in bed.

"Neuralgic affections of various parts of the body, pain in the front and back of the head, cardialgia, abnormal sensations in the legs, associated with salivation, coryza nausea, vomiting and diarrhœa, tend to bring them into a desperate condition.

"Some persons will bear up with fortitude under all these trials; they will quietly remain in bed, and will endure the unavoidable suffering, hardly uttering a complaint. Of the others, although the great majority of them sleep and doze (?) during this trying time, some can find rest nowhere; they jump out of bed, run about the room in a state of fear, crying and shrieking. Gradually they become calmer, although occasionally their excitement increases. A state of frenzy, brought on by hallucinations and illusions of all the sensitive organs, at last causes a morbid condition, to which I have given the name of delirium tremens, resulting from morbid craving for morphia, it being similar to that caused by alcohol. Some of the patients, however, will be found walking about in deep despair, hoping to find an opportunity of freeing themselves forever from their wretched condition."

What words are these to be read by an opium sufferer who is crying out for help! What a terrible indictment do they constitute against the method of treatment to which the author of them has contributed his name! What victim of the habit will not shrink from entering upon such a period of torment, and seek relief from any and every nostrum, rather than face such inevitable agonies?

We may be sure, too, that these sufferings are not overstated. In fact, they are under-estimated. I will assert, and can maintain the assertion by the testimony of hundreds treated by me or who have recorded their experiences in my correspondence, that if any confirmed opium eaters who for one year or longer have taken doses equivalent to four or five grains of the sulphate of morphia each twenty-four hours, sleep and doze during treatment by instant disuse or rapid reduction, they are so few in

number, and of so peculiar a physical constitution that their cases are wholly and marvellously exceptional. If they exist at all, they are not possessed of the nervous system and its capacity for both pleasure and pain, of the average American citizen!

The language above cited from Levenstein speaks of some patients as earnestly and persistently seeking for means of self-murder to end their torments. Is it necessary to inform,—not the experienced medical practitioner —but the average general reader—that the agonies which make men not only long for death but persistently seek it, will soon produce lesion of the brain, insanity and death?

Only a short time since an account was published of the experiences of a German village physician and preacher who advertised to receive and cure persons afflicted with the opium or morphine disease. He used the Levenstein method, and so large a proportion of his patients either died or became insane that the civil authorities interfered and compelled him to abandon his specialty, and he was forced to leave the district.

In the case which formed the text of the magazine article by Fitz Hugh Ludlow, before referred to, in which the patient had been taken to a water cure establishment and at once deprived of the drug, the sufferer had been without proper sleep for ninety days, before the dreadful experiment was abandoned. That writer says:

"I have said that during the first month of trial he had not a moment of even partial unconsciousness. Since that time there has been perhaps ten occasions a day, when for a period of one minute in length to five, his poor, pain-wrinkled forehead sank on his crutch, his eyes fell shut, and to outsiders he seemed asleep. But that which appeared sleep was internally, to him, only one stupendous succession of horrors which confusedly succeeded each other for apparent eternities of being, and ended with some nameless catastrophe of woe or wickedness, in a waking more fearful than the state volcanically ruptured by it. During the nights I sat by him, these occasional relaxations, as I learned, reached their maximum length—my familiar presence acting as a se-

dative—but from each of them he woke bathed in perspiration from sole to crown; shivering under alternate flushes of cold and fever; mentally confused to a degree which, for half an hour rendered every object in the room unnatural and terrible to him; with a nervous jerk which threw him quite out of bed, although in his waking state two men were requisite to move him; and with a cry of agony as loud as any under amputation."

In the case of this patient the treatment was abandoned and the use of opium resumed, but the sufferer died in a short time, unable to recover from the shock caused by discontinuing the use of the drug.

Every physician knows that lesion of the brain may be caused by intense and continued pain, and the tortures which the methods of treatment now under consideration involve, cannot fail to produce insanity in many cases. The details of cases treated by Levenstein himself show that the mode of treatment produces at least temporary aberration of mind. His patients, many of them, saw terrible visions and dreamed dreadful waking dreams, so real that they shrieked for help in agonies of fear.

And it is in spite of the aid of the various sedatives and nervines known to the profession that these sufferings occur. As a matter of course the physician who endeavors to cure by either the method of immediate disuse, or by "rapid reduction," uses all indicated therapeutical and hygienic aids. But all these, as a rule, have no more effect toward abating the tortures of the patient, than do scattering drops from a summer cloud in extinguishing a roaring conflagration which is licking up great warehouses beneath.

The Levenstein method is carried out completely in few if any cases. Besides endeavoring to sustain the patient with sedatives, nervines and the free use of distilled and fermented liquors, it is frequently found necessary to administer morphia, at least in small doses, to prevent fatal collapse.

The same is true of treatment by "rapid reduction." And some who treat the disease by the latter method have published to the world that they are accustomed to practice deceit upon their patients. They give hypodér-

mical injections of clear water, or a solution of quinine in water, pretending to the sufferer that it is morphine. Thus the patient is "fooled to the top of his bent" by the very one in whom he should be able to have the most perfect confidence. Such methods seem like child's play rather than practicing medicine, and do no real good. Those who gravely publish to the world that such fooling is a proper and prominent means to be used in treating opium patients, can have had very little experience or else very little true success in the specialty.

Nor do the cruel modes of treatment above referred to succeed in really curing those in whom they cause such sufferings. It is true that the patient who survives the ordeal may leave the house of his torment apparently, or for a time, free from the old morbid craving for the drug. I will not say that he *may* not live the remainder of his life without resorting again to opiates. Yet in all the published and private records which relate to the opium or morphine habit, I have not yet been able to find one authentic case in which the patient treated by such methods did not resume the habit sooner or later, or else did not remain an invalid and die an untimely death. The simple fact that those who, not only once, but twice, and, in some cases even three times, "clawed" their way backward over the burning coals and between the red hot bars, and with the memory of their agonies still distinct, as it must be in their minds, go back again and again to the use of the drug after the lapse of months and even years, proves that there is no radical and certain cure in any of the methods of treatment so far considered. The cases are exceptional in which they do not leave the victims shattered in health, and so melancholy and hopeless that they in time weary of the struggle and fall an easy prey to opiates or stimulants. If there is no more certain way of escape, if the opium victim must go through fires of hell to reach at last only a dim, infernal border land of weakness and gloom, instead of green earth, blue sky, and strong and joyous life, who can blame him greatly if he prefers to face the final agonies and the death which the drug itself will cause. He will suffer torments then, it is true—to die it that way is to die hideously. But the end of it all *is* an end.

"After life's fitful fever, he sleeps well."

To speak of a patient, after such an ordeal, as "cured," simply because there is no longer any craving for morphia, and the patient is able to live without it, is to misuse language and to decieve those who confide in such assertions. It is

"To keep the word of promise to the ear,
But break it to the hope."

The victims of the opium disease plead for a remedy or a mode of treatment which shall give them back their strength, their emotions, their will, their life again.

" 'Tis life whereof their nerves are scant,
'Tis life, not death for which they pant;
More life and fuller, that they want."

CHAPTER XII.

METHODS OF TREATMENT—Continued.

DRUGS USED IN ATTEMPTS TO CURE.

The search for drugs antipathic to opium and its products has been pursued with much energy for the last ten or fifteen years. The need of some preparation which will sustain the patient during his effort to abandon his opiate has been generally recognized by the medical profession, as well as the almost total inefficiency of the tonics, sedatives, anodynes and stimulants ordinarily used in practice. It appears to have been generally taken for granted that if the patient can be tided over the period of struggle and agony, by some mitigation of his torment which will permit him to catch, at intervals, a little restful sleep, and preserve his mind from becoming unbalanced by the fierceness of his pain, he will at length emerge into liberty and health. The sequelæ of the opium habit, in cases in which the habitue has been dismissed from treatment as cured, and who may feel for a little while no morbid craving for the drug, have been studied comparatively little. The end sought by nearly all who have given attention to the opium or morphine habit seems to have been to merely eradicate the unnatural "craving" for the drug, while the condition in which the system may be left at the end of the course of treatment has been given much less thought.

It seems to satisfy the ambition of many of those in the medical profession who have had an opportunity of treating the "morphine crave"—and who have access to medical periodicals—when they can publish the history of a cure, giving their course of treatment from day to

day, with a record of the therapeutical action of the medicines administered, and of pathological conditions and immediate physiological effects. The temporary cessation of morbid desire for the drug when the patient is able to be dismissed is published as a "cure," in forgetfulness of the fact that in all probability the nerves have been so benumbed by the agonies of the final struggle that they are actually for a time incapable of the appetite. To dismiss a patient in such an exhausted condition that he is unable for a while to feel morphine-hunger and denominating it a "cure," is like preventing a fever by inducing a collapse!

But the use of various nervines, tonics, sedatives and stimulants, by the profession, and especially outside of it, to aid the opium patient in passing through the ordeal of fire which it is taken for granted that he must endure if he would be saved, is so extensive that the actual value of these agencies in opium disease should be thoroughly understood.

Prominent among the drugs used at present in endeavors to cure the opium disease, in combination either with morphia alone or with morphia and other drugs, are

NUX VOMICA

and its alkaloid, strychnine. The class of vegetable growths to which this belongs—the bitter *strychnos*—have long been known as containing active poisons. They furnish to the natives of various tropical countries the active agent with which they make their light arrows so venomous that the slightest pricking of a vein by the point surely produces death. The alkaloid, strychnia, is prepared from the seeds of *strychnos nux vomica.* An alcoholic extract of these seeds, which are popularly known as "dog-buttons"—is also prepared. Half a grain of sulphate of strychnia, three grains of the alcoholic extract of nux vomica, or thirty grains of the pulverized seed are fatal to human life.

Both the extract of nux vomica and its alkaloid, strychnia, are well known to the medical profession as powerful poisons which must be administered, when indicated, in minute doses and with much caution. They are used, as spinal and nerve excitants, in paralysis and hemiple-

gia, and also as tonics and anti-periodics. I am not aware that any member of the profession has seriously claimed that these agents are antipathic to opium, and probably all of them will admit that if so potent a nerve-excitant as is supplied by nux vomica is practically powerless to fortify the nerves of the sufferer from the opium disease, when deprived of the drug, then there is nothing which can be depended on to accomplish the desired result in the whole list of remedies in general use by the profession. And I venture to assert that no reputable physician will claim that he has conducted a single case of confirmed opium disease to convalescence and health, by means of nux vomica, either alone or in combination with other remedies.

The largest use, and the most injurious one, of the drug now under consideration, is made by individuals outside the medical profession. Certain nostrums are largely advertised and sold as "antidotes" and "painless cures" of the opium habit, whose chief active principle, so far as they have any besides the morphine which they contain, is prepared from nux vomica. It is only a physician who makes the treatment of the opium disease a specialty, that can know to what extent the victims of the habit are deceived and robbed by these ignorant and heartless charlatans. There has been scarcely one of my patients who does not tell a pitiful story of hope frustrated and purse depleted through following these false lights. Their representations are so specious, their promises so strong, their "testimonials" so apparently convincing, that confirmed opium eaters of every grade of intelligence and experience, even to the highest, become tributary to their treasuries. I can recall but one patient of all who have come under my treatment, who had not taken these so-called "remedies."

The most widely advertised and sold of these nostrums, consists of a preparation of nux vomica, which, together with the morphine which the mixture always contains, it dissolved and disguised in glycerine, the preparation being colored with aniline red. The "theory of treatment"—if the term can be used in this connection—is to very gradually reduce the daily amount of the opiate, the nux vomica being supposed to "sustain" the victim or

supply sufficient strength so that his system will not feel inconvenience on account of the reduction of his usual *quantum* of morphia. One of the points upon which the individual under "treatment" is anxiously requested to inform the vendor, is whether the mixture "sustains" him. The meaning of this is simply that if the proportion of morphine in the bottle is not large enough, another bottle will be prepared in which the requisite quantity of the drug will be dissolved. The process of "reduction" is intended to extend over many months, even to a year or longer. One of my patients, a physician of good standing, tells me that he paid to a single concern about three hundred dollars, at the rate of fourteen dollars per month, for a "painless antidote," and did not receive one particle of benefit, but much injury.

The questions which those who order these preparations are required to answer, show that morphine or some form of opium is a necessary ingredient in the compound. They are particularly requested to state what form of the opiate they are accustomed to use, if hypodermically or by the mouth, and the full amount required to "sustain" them for a specified length of time. The price per bottle of the remedy is in proportion to the amount of the opiate taken; that is, it is graded by the quantity of morphine required to prepare the remedy for each case. With all possible emphasis of exclamation points and capitals, the purchaser is instructed not to take a larger dose of the mixture than that indicated by the vendor, and all other persons are told that for them even to taste the preparation will be highly dangerous!

If these self-styled "doctors," who collect such heavy tribute from the victims of the opium disease would frankly admit that a quantity of morphine, proportionate to the amount used by the purchaser, is an ingredient of their compounds, they would not, perhaps, be deserving of such entire disapprobation. But they not only fail to do this—they also endeavor, by every form of statement short of direct assertion, to convey the idea that their mixtures contain no form of opium. They assure the world that their "painless cures" contain no *opium*, intending to be understood that there is, in their compound, no form or product of opium. They explain

their positive prohibition of the use, or even tasting of their nostrum by any other person than the one for whom it is specially prepared, by telling what strong medicine it contains, and that it "must be made powerful" to do its work. The simple truth is that the mixtures contain large quantities of morphine, and if a person not habituated to the drug should take even a single moderate dose of the poisonous compound he would die.

I do not assert that these so-called "Antidotes" are without temporary effect, nor even that the "certificates of cure" by means of which the vendors push their wares, are not "genuine certificates." I will not assert it to be impossible that the nux vomica, alone, or mixed with nerve sedatives and anodynes, might in exceptional cases enable moderate opium eaters to pass through a process of *very* gradual reduction, without unendurable suffering, down to abandonment of the drug. But I do *know* that the number of those who have used these mixtures without benefit is legion, and that they are to be found in almost every town and hamlet throughout the continent.

The extract of nux vomica, embraced in these compounds, may so disguise the usual effects of the slightly reduced daily doses of the opiate mingled with them, that one who imagines himself thoroughly acquainted with the action of opium products upon his own system may believe that it is not morphine, but some new and wonderful agent which "sustains" him. Even physicians addicted to the opium habit and lured by the promise of speedy cure, have swallowed these compounds for months without recognizing the fact that they were still taking morphine in a disguised form. The purchaser of these nostrums is thus deceived and he continues to send for the vaunted "cure" until he becomes wholly discouraged, and as soon as he stops, the habit which has been lurking all the while near his side, springs once more upon him and bears him down, and he finds that its hunger has grown fiercer and its strength more terrible.

I hardly need to add that to place in the opium patient's own hands, and subject only to his own administration, a compound containing large quantities of two such poisons as morphine and nux vomica, is very dangerous indeed. He will not take less than the prescribed dose,

for it will not "sustain" him, and if he exceed it, he is plunged more deeply into his misery, and adds strength and heaviness to his chains.

A very common result of taking these nostrums is to create a demand in the system for an increased quantity of the drug. No matter what reduction of the opiate may have been accomplished while the mixture was being taken—and no one but the maker can know whether any reduction at all is made—if the patient ceases to take the potion for a time, he almost immediately goes back to a larger dose of the drug than he had ever taken before. This seems to have been the experience of a great majority of those who have tried these mixtures. The extract of nux vomica excites but does not heal the nerves, and as soon as it is no longer taken, and the little supporting power which it exerts is withdrawn, a great reaction takes place, and an increased supply of opium or morphine is demanded by the nerves in order that they may remain in the opiumized state which has become their normal condition.

The cheap glycerine of commerce, which is the menstrum in which the morphia, nux vomica and the other minor ingredients of these injurious compounds are dissolved, and by the sweetness of which they are considerably disguised, is positively hurtful to the physical system. Many of those who have taken the nostrums of which it forms so large a constituent, speak of its injurious effect upon the mucous lining of the stomach and bowels. It often causes persistent itching of the anus, indicating a disordered condition of the lower bowels. One of my patients, a gentleman who had all means of knowledge on the subject which could be possessed by one not a physician, has repeatedly assured me that a late Chief Justice of the supreme court of a western state died from the effects of the glycerine contained in a so-called "painless antidote" which he took for the opium habit.

Whatever "cures" these nux vomica and morphine nostrums may have made, one thing is certain: their failures have been far more numerous, and they have fastened the chains more firmly than ever upon the great majority of those who have used them.

CHAPTER XIII.

METHODS OF TREATMENT—Continued.

DRUGS USED IN ATTEMPTS TO CURE.

Next in prominence to nux vomica as an alleged antagonist of opium, and the *sine qua non* of those who advertise the "hypodermic method" in "twenty days cures," and also lately brought to the notice of the profession as of use in treating opium disease, is

ATROPIA,

a toxic drug more potent for direct mischief, if not more permanent evil, if possible, than morphine itself.

Atropia is the active principle of *Atropa Belladonna*, and is well known to the medical profession as a most active and virulent poison, two-thirds of a grain producing death in an adult. It has been brought forward as an alleged physiological antipathic to opium, and in my investigations in search of an effective remedy for the opium habit I have given it much attention. My experiments with it, which have been numerous and persistent, have proved it to be not only of no real value for the purpose indicated, but also highly dangerous. In view of the knowledge of it which I have acquired, I cannot express in too strong language my sense of the atrocity of this mode of treating the opium disease, because of its immediate and lasting baneful effects. The patient is reduced to temporary idiocy during treatment, and is left broken down and with no recuperative energy at its close.

In the winter of 1880 an old lady sixty-seven years of age, and somewhat emaciated, applied to me for relief

from internal pain. She was suffering from ovarian neuralgia—so named by Dr. De Laskie Miller, of Chicago, who had operated upon her some years before. This well-known physician had recommended, after the operation, half grain injections, *per anum*, of morphine, and the patient finding relief in the small doses, gradually increased them, till five grains had no more efficacy than the original one-half grain dose. She then began to take the morphine by the mouth, and continued to increase her daily *quantum*, until doses of ten, fifteen, twenty, forty and fifty grains were successively reached, and finally she swallowed one drachm of the drug each twenty-four hours.

It was at this time and under these conditions that she applied to me for help. She had reached the limit of the aid which morphine could give her and it no longer exerted an anodynic influence upon her neuralgic pain.

On visiting the patient on the morning of January 26th I found her suffering intense agony and praying for death to relieve her. She proved wholly insensible to hydrate of chloral in large doses, and I deemed this to be a legitimate case for the exhibition of atropia. I therefore threw into her arm one-thirty-second of a grain. In half an hour the neuralgic pain had left her, but she complained of thickening of the muscles of the throat and difficulty of breathing. The vessels of the neck and throat became turgid and the skin of the face congested and purplish. This, however, passed away, in the course of half an hour, and the patient complained of dryness of the mouth and fauces. Upon examination I found the salivary secretions viscid and ropy. I ordered beef tea, and quinine in three grain doses, to be given alternately every three hours, and left her.

In the evening I was sent for. Found the patient suffering as much as before treatment in the morning. The salivary secretion, however, had returned, the skin was quite moist, and she had eaten a plentiful dinner and supper. I again injected one-thirty-second of a grain of atropia into the arm, and continued treatment as before. I was unable to remain long enough to observe the action of the atropia, as I had done in the morning.

Jan. 27th. Upon visiting the patient this morning, I

was told that she had been delirious through the night, and had slept but little, had refused nourishment, but had not complained of pain. Found the pupils of the eyes much dilated, and the tongue dry and chippy, so much so that what she said was unintelligible. Pulse wiry and intermittent. Ordered sponge bath and enema, and instructed to continue beef essence when possible.

Was sent for at 2 P. M. Found the patient evidently in intense pain. She was groaning and tossing wildly as though suffering great agony, with low muttering delirium and *subsultus*. The pulse was bounding, jerky, and incompressible. The mouth was as dry as an ash-pit; the teeth covered with an abundance of dry sordes; the pupils of the eyes were expanded to their utmost limit. She was a horrible spectacle, and to the attendants appeared to be dying.

I at once threw a solution of five grains of morphine and one-sixty-fourth of a grain of atropia into the arm, and washed out the mouth with diluted wine, of which she swallowed a little. In ten minutes she was perfectly easy, and, in five more, asleep and breathing naturally.

Called again at 9 P. M. Found her awake, comfortable and hungry. The pulse was soft and regular; secretions plentiful. The bowels had moved off and the urine was abundant and clear. Ordered light food and that everything be kept as quiet as possible. During thirty-eight hours she had taken but five grains of morphine.

Jan. 28th. Visited the patient at eleven o'clock A. M. She had passed a fairly comfortable night, but was beginning again to suffer. I again injected one-thirty second of a grain of atropia into the arm. The phenomena which succeeded the former injections re-appeared, but intensified—so much so that I was somewhat concerned lest I had exceeded the intended dose, (viz, 1-32 grain.) In a little while, however, some of the alarming symptoms disappeared, and she rested in a state of torpor, with only an occasional suspiration to show that she breathed at all. From this condition she passed into a heavy, dead sleep.

At nine P. M. visited her again. Found her awake, violently delirious, chattering wildly about things that had occurred in her younger days—so far as she could be un-

derstood—talking to imaginary characters and believing the room to be filled with devils and hideous monsters. The previous physical phenomena attendant upon the administration of the atropia, as regards the pulse, eyes, mouth, tongue, throat and secretions, were apparent in a greater degree. Ordered meat juice in small quantities, largely diluted and given frequently.

Jan. 29th. Was sent for at eight o'clock A. M. Found the patient in a state of collapse, and to all appearance, moribund, the pulse being rapid and hardly perceptible. Injected into the arm five grains of morphine and awaited results. These were soon evident in her re-awakening to consciousness, and apparent comfort. Gave her weakened wine, and she soon fell asleep. Left instructions to administer Valentine's meat juice in teaspoonful doses every hour during the day.

Patient forty-two hours on five grains of morphine. Visited her at nine o'clock in the evening and found her fairly comfortable, but much exhausted. The tongue was moist, eyes dilated and staring, pulse full, but easily compressible. She had complained of palpitation and difficult breathing at intervals throughout the day. Discharges from the bowels and bladder had been frequent, the urine being highly colored. She begged for a little morphine by the mouth, and I gave her two grains.

Jan. 30th. Called again in the morning. Found that the patient had passed a comfortable night, and, her condition being so good, I determined to try the atropia once more, and, against the patient's inclination I threw into her arm one-sixty-fourth of a grain. All the physical phenomena of the larger doses soon appeared, but in a less degree.

Visited the patient again at 9 P. M. and found her delirious, talking wildly, as before; very abusive to the attendants, accusing each one of the most criminal intentions toward herself. She was constantly contriving means to guard herself against them, and insisted on leaving the house. It was impossible to quiet or appease her. She had refused all nourishment during the day, and would take no medicine, though she recognized and understood me when I offered to give her morphine by the mouth. I found the mouth dry, as before; the pulse was hard,

wiry and intermittent. I left no morphine, as she would take nothing—feeling satisfied that the effects of the atropia would wear off by morning.

Jan. 31st. Called at 9 A. M. Found the patient quiet, but very much exhausted, with the mouth and tongue so dry that she could not articulate one intelligible word. The pulse was too rapid and feeble to count; the skin was dry and parched. The patient had refused fluid nourishment since the last dose of atropia.

I had informed the friends that I was giving atropia, and they now insisted that no more should be administered. I was, for my own part, willing to yield to the request, for the case had verified a conclusion toward which my mind had been guided by numerous previous experiences, that atropia was either cumulative in the system, or else that the system grows more and more susceptible to its effects through even very small doses continuously given. Whatever the cause may be, the drug has acted very badly not only in my hands, but in those of other physicians who have related to me their experience of its sub-cutaneous use.

But, determined to give it a fair trial in the case, I, next morning, took the patient an eight ounce bottle of a tonic mixture, containing, in addition, one-half a grain of sulphate of atropia, with orders to administer the same every three hours in teaspoonful doses. With this mixture, (containing 1-128 of a grain of atropia in each dose), and with five grains of morphine per day taken by the mouth, the patient managed to get along with tolerable comfort for the next three weeks, but any effort at reducing the dose of morphine was met by the original intense agony. At the end of that period she went to Chicago to remain for some time, and passed from under my care. I learned, however, one year later, that she was taking nearly her maximum dose of morphia.

This, together with my previous and subsequent experiences with atropia, proves to me conclusively that while this agent has some virtues in antagonizing the effects of morphia in the system, yet its influence is not only temporary, but very dangerous. The temporary effects of even minute doses upon the mind are very marked and very repulsive. It seems to strike directly

at memory, will and judgment—and all those principal functions which separate human beings from the lower races. It drags the bright, intelligent patient down toward the level of the chattering ape.

Only a short time ago, and at his own suggestion, I threw into the arm of an adult patient of strong and vigorous constitution and full habit, the one-hundredth part of a grain of atropia. Its effects lasted three or four hours, and at the end of them, and while his sensations were fresh in his memory, he declared that no possible consideration would induce him to repeat the experiment. All the physiological effects above noted were apparent—absolute dryness of the mouth, tongue and fauces, thick and indistinct utterance like that produced by extreme alcoholic intoxication. Excessive dilation of the pupils of the eye made the vision confused and dim and caused a wild, staring, insane look. But the feature which, to the experimenter himself seemed most repulsive was the effect of the drug upon his intellect. The amount taken was not enough to destroy consciousness, but judgment, will, and "good sense" were dethroned. With thick, indistinct utterances he babbled all manner of childish and foolish things. He knew what he was saying, and knew that his remarks were half idiotic; but he could not, and did not care to, restrain them. His condition was that of extreme intoxication without any pleasurable sensation whatever. At the close of the experiment he felt disgusted and degraded.

Atropia is simply a poison, and one of the most deadly poisons known to man. It has no power to heal. It is a minister of death—not of life. It cannot "cure" the opium habit in any proper sense of the word. That the opium eater to whom it is administered can be "sustained" by much less than his usual daily "ration" of opium or morphine, I admit. But it is simply a case of one poison being overmastered by another more powerful. The strong man is driven from his palace by one stronger than he. The whole physical system is so utterly benumbed by atropia that it cannot, for the time being, realize the "morphine crave." But there is no tonic or sedative virtue in this deadly drug.

If it be possible for a victim of the opium habit to

finally abandon the drug, under atropia treatment, his last state will be worse than the first. His nervous system, bruised and beaten down by the trampling feet of the two gigantic demons in their conflict, will feel no thrills of returning health. If any of the organs of his body were disordered their debilitated condition will be aggravated. If any lesion of the heart is present the patient will probably die during the atropia treatment. And if, after undergoing treatment by this poison, and being turned off as cured, simply because his desire for morphine is temporarily paralyzed by the grip of a stronger poison—if after this his nerves should begin to recover a little from the influence of the atropia, his craving for opium will spring up with more than its original strength. Such "treatment" and such "cures" are worse than the disease itself.

While I do not claim to have verified the incident, yet I am prepared by my own experiments and observation to accept as true, a telegram sent from Atlanta, Georgia, and widely published, to the effect that the wife of a Baptist clergyman, well known in the vicinity, was found dead on the train near Atlanta—her death being caused by an over dose of morphine taken by her as she was returning from treatment in an establishment which advertises to cure the opium habit, and in which the "hypodermic method" and atropia are depended upon. Such "cures" are all that can be expected from such a poison.

CHAPTER XIV.

METHODS OF TREATMENT—Continued.

DRUGS USED IN ATTEMPTS TO CURE.

An agent which, after its chief therapeutical properties became somewhat known, was put forward as an alleviative of the sufferings of the opium eater who is attempting reform, is the

HYDRATE OF CHLORAL.

It has been so thoroughly tested by the medical profession, and found to be so barren of good results in the opium disease that it is unnecessary here, to speak of it at length. To produce any appreciable effects upon the sleepless and tormented victim of morphine, it must be given in doses which would prove fatal to an ordinary patient—and even such quantities often fail to produce any effect. In other cases chloral increases the mental excitement of the sufferer and produces dementia.

Another drug which has been thoroughly tested as a temporary substitute for opium in cases of opiumania, is

CANNABIS INDICA.

This, as is well known, is the *hashisch* of the Oriental world—a drug widely used for purposes of intoxication among the people of the Eastern Continent. This substance has been found very irregular and uncertain in its action, but this has been ascribed to the varying and unreliable qualities of the drug as it is found in the market. Fitz Hugh Ludlow, in an article entitled "Outlines of an Opium Cure," expresses his hope that its active principles may be extracted and an alkaloid produced which shall be to *Cannabis Indica* what morphia is to

crude opium, and in his decidedly fanciful scheme of hospital treatment of opium patients he would evidently make considerable use of the drug.

If such a product should be obtained, it would be of no real benefit in the treatment of the opium habit. Its potency is not such as will allay to any extent the tortures caused by depriving the confirmed opium eater of his usual dose. It is simply an intoxicant. It makes wrecks of those who use it habitually—how can it repair a wreck already made? If it be said that the only use of it which is recommended is to give the patient occasional and temporary respite from his sufferings until the *vis medicatrix naturae* can begin to act, I reply that in the case of the reforming opium eater the healing power of nature itself needs reinforcement, and sedatives and anodynes do not reach the seat of the difficulty.

A similar and equally decisive objection must be urged against

COCA,

which has lately been urged as a "cure" for the opium disease, by a few physicians in medical journals. But little mention is made in the cases reported of the experiences of the patients during treatment, but enough is indicated to prove that they suffered intensely. Chilliness, opium spasms of the muscles in the various parts of the body, excessive nervousness and persistent insomnia are mentioned. Some of my patients report having tried coca as a remedy, but claim that it acted only as a temporary stimulus and proved of no real benefit.

The fluid extract of *erythroxylon coca* is the form used. It is a stimulant and also has narcotic properties, though they are less than those of opium. The pupils of the eyes are dilated by it. It induces wakefulness, and causes no conscious exhiliration, like that produced by opium. It is used among the inhabitants of Peru and Bolivia, and other South American countries, as a stimulant, the dried leaves being chewed with lime or ashes. It is said to enable those who use it to go without food for a considerable length of time, and also to endure greater physical exertion than they otherwise could. It is also claimed that it prevents difficulty of respiration at high elevations.

But it soon becomes a necessity to those who begin its use; and sooner or later produces disorders of the stomach and liver. and results in the ruin of body and mind. Like all the other narcotic stimulants it proves itself to be a vampire, draining the life-blood of its victim.

Its effects upon the system are not antagonistic to those of opium and morphine; nor are they powerful enough to give appreciable relief to the tortures of those who are endeavoring to abandon their use. And although it is but a few months since it was first published as a remedy for the opium habit, and though it was eagerly grasped at by the victims of the opium disease, as they always grasp at every straw of hope that drifts by them, yet already it is going out of date and needs no further consideration.

The fluid extract of *Piscidia Erythrina* or

JAMAICA DOGWOOD,

known to the profession as a mild narcotic and anodyne, though not used to any extent by physicians in the treatment of the opium habit, has been made the basis of nostrums which are advertised by unprincipled men as "opium cures." It has no efficacy in opium disease. The same may be said of *lectuarium*, *hyoscyamus*, *valerian* and *lupulin*.

THE BROMIDES

are sometimes used for the purpose of inducing sleep in those who are undergoing the tortures of the Levenstein method, or that of "rapid reduction;" but are virtually of no effect. Sometimes, when given in excessive doses, they may exert a slight quieting influence, but usually to a patient in the stress of the opium agony they are like so much water.

Considerable use is made by those who adopt the methods of treatment mentioned in the last paragraph of

ALCOHOLIC STIMULANTS.

A writer who published an account of his experiences as a morphine eater in the Atlantic Monthly, years ago, used whisky to stop the terrible gnawing sensation which he experienced in his stomach when battling with the opium habit. He claimed to have been successful in his

attempt to abandon the use of the drug, but, as he had twice before abstained for some time, and twice resumed the habitual and excessive use of morphine, it is impossible to know his actual condition. Alcohol in the form of brandy or whisky may temporarily stupefy—although it cannot accomplish even that for those who are in the midst of the tortures of "rapid reduction" or "entire cessation" from opium. If sometimes it gives quiet, it does not heal, and it is not a staff which the patient can lean upon.

The main ingredient (besides morphine) of the earliest and probably the most extensively sold of the secret nostrums which are advertised for curing the opium habit is

QUININE.

This is the remedy which the brilliant but unfortunate Fitz Hugh Ludlow referred to near the end of his life, as an "antidote" to opium eating. He, in all probability, did not know of what it consisted, but wrote in all honesty; but multitudes of opium consumers have been deceived by the unwarranted use of his name. It is unnecessary to say that a remedy composed of morphine, quinine and glycerine cannot cannot cure the opium habit.

Thus I have gone through the list of medical agents used by the profession, and by individuals outside of it in the treatment of the opium habit. I have had abundant opportunities for trying and testing them all, the new as well as the old, throughout an experience of more than twenty years.

And to-day, I will venture to assert, that in all the nostrums put upon the market as "cures" for the opium and morphine disease no other agents are relied upon.

Atropia, quinine, coca, nux vomica, cannabis indica and Jamaica dogwood, (being named in the order which represents the extent to which each is at present used), or combinations of one or more of them, are the chief agents now in general use by the profession, and by outsiders in the treatment of the opium disease.

But there is still another medicine, the latest discovered and the most potent agent known for the curative treatment of this disease. This I now proceed to discuss.

CHAPTER XV.

METHODS OF TREATMENT.—Continued.

A SUCCESSFUL REMEDY.

Having treated of the nature and value of the various remedial agents in general or limited use among the medical profession for the treatment of the opium disease, I come now to speak of the only remedy known to exist which is wholly successful and satisfactory. That it is a perfect cure for the opium habit, as well as for other forms of habitual narcotization, has been absolutely demonstrated in a great number of cases. It must, in the near future, take the place of all the dangerous, cumbrous, tedious and torturing methods of treating the disease now in vogue. Barred windows, padded rooms, costly methods of hygienic treatment, expensive arrangements for nursing and attendance—all the paraphernalia of the present most approved methods of treatment can be dispensed with. Patients need no longer be deprived of their liberty or watched as if they were intent on burglary or murder. All these things will fall into disuse because they will be unnecessary. The opium patient can be cured without entering a penitentiary or remaining in a torture-chamber. By methods of treatment simple and mild, but thoroughly effective, he can be delivered from his bondage into perfect liberty. The remedial agent to which I refer is the

DOUBLE CHLORIDE OF GOLD,

more commonly known as the chloride of gold and sodium.

After many years of investigation and experiment to find a remedy which would cure habitual drunkenness

and the opium habit, I was led, by accident, to experiment with the salts of gold. The action of the double chloride was such, in several cases, that I became satisfied that I had made a genuine scientific discovery, viz: that this salt is a specific for the treatment and perfect cure of the abnormal, nervous condition caused by habitual stimulation. My first experiments were in the direction of curing excessive alcoholism, and proved uniformly and almost miraculously successful.

After several hundred cases of habitual drinking had been successfully treated, I found myself in the constant receipt of letters written by opium and morphine eaters, asking earnestly if the double chloride of gold would not cure them also. My own interest in this question was intensified by these appeals and I at last succeeded in applying the agent now under consideration to the treatment of the opium habit, and found it to be an absolute specific for that disease.

The use of gold in medicine is not new. It dates back as far as the days of alchemy, when it was held in high esteem by the followers of that science. It was said by the learned savants of that age to possess extraordinary curative properties, and was frequently prescribed in mental affections, hypochondriasis, nervous diseases and convulsions. Although so highly recommended by such men as Horst, Poterius and Paracelsus, yet it did not come into general use; and when the science of alchemy began to decay it was almost entirely discontinued. In 1810 Chrestien revived the subject; and in 1821 published his "Researches and Observations of the Effects of the Preparations of Gold," in which he fully describes his experiments with it. Other physicians began to make investigations, and Riecke, Orfila, Niel, Cullerier, Jr., Wendt, Legrand, S. L. Mitchill, Kopp, Baudelocque, Devergie, Meissner, Grotzner, Gozzi, Chavannes, Jahn, Pourche, Recamier, and many others enriched the literature of the age with their observations and experiments. These, however, were principally confined to melancholia, insanity, syphilis, scrofulous diseases, cancer, dropsy, tumors, etc. The result of this general inquiry into the subject was sufficient to awaken an extensive interest in gold as a medicine, and finally to give it a place in our modern pharmacopœias.

Its chief application has been external. In its various preparations it was commonly made into an ointment or syrup for local application to the diseased parts. In some cases the powder itself was thus employed. When it was administered internally it had to be given in small doses, on account of its potency and the danger attending its use.

The double chloride of gold, or, the chloride of gold and sodium is made by dissolving 85 parts by weight of chloride of gold, and 16 parts of chloride of sodium, in a certain quantity of distilled water. The solution is evaporated by a gentle heat until a pellicle forms, and is then put aside to crystallize. It is of a bright yellow color, and is now extensively prepared by manufacturing chemists, who put it up in small vials, containing 15 grains each. For the purposes of administration, this powder had to be made into a solution or else into pills, but its use was always considered dangerous. My first experiments with it were made in pill form, but the results were so unsatisfactory that it had to be abandoned. Every dose had to be carefully watched in order to counteract any evil effects which might be produced by an overdose, or result from idiosyncrasies of the patient. The great difficulty always has been to know how to gauge the dose in each individual case. The same trouble has been experienced by all those who have essayed to use this powerful medicine in general practice. So little is known upon this branch of the subject that even professors of medical colleges and consulting physicians of asylums have been unable to determine the average quantity which should be used. The result is that they have been compelled to give it in doses too small to be of practical service, and yet large enough to demonstrate some of its remarkable qualities. This is because science had failed to discover any adequate method of preparing and administering this medicine so that results would be in a measure uniform, and also in such a manner as to preclude all danger of salivation or other unfavorable consequences. Notwithstanding all this difficulty, I am in receipt of many letters from physicians who have given the chloride of gold and sodium in its crude form in small doses, and their opium patients have thus been able to reduce the daily quantity of the drug very considerably.

In order to prepare the chloride of gold and sodium for general use in the treatment of the opium disease it was essential to bear in mind the following facts:

1st. That this agent is, of itself, exceedingly powerful and cannot be used in its ordinary state, except under the immediate supervision of a physician who is fully acquainted with its nature and effects.

2nd. That to become a practical remedy for the opium habit it must be so prepared that it can be put into the hands of patients at their own homes. Unless it can be self-administered with entire safety, its use would necessarily be greatly restricted and its benefits confined to those who could afford private or hospital treatment.

It required several years of study and experiment to discover the means by which these conditions could be met. There were, also, besides the main feature of nerve degeneration, certain other abnormal conditions of the physical organs, in opium disease, which a true remedy must meet and overcome. I at last succeeded in discovering a menstruum which eliminates all excess of the gold from the system as it is taken in, and accomplishes this quietly and mildly, without any shock or disturbing reactive effects. As thus prepared it is practically impossible to take an over-dose of the remedy, as the frequency of the dose prescribed for ordinary treatment can be doubled or trebled, when necessary, without any injurious effects. It can, with perfect safety, be placed in the hands of the opium patient for self-administration. And it will cure any case of opium disease, in which the patient has enough of body and mind remaining to retain life for six weeks after beginning treatment. This implied exception is made simply because cases in which lesion of the brain exists are incapable of cure. In all other cases the patient can be *cured*, in the broadest meaning of the word—and cured, virtually, without suffering.

From the beginning of this century and even earlier, the best known medical writers have spoken highly of the efficacy of gold in the treatment of scrofula, syphilis and cancer, and doubtless the only reason why it has not come to be universally employed in these diseases is the fact that its administration is attended with so many difficulties. The expensiveness of the remedy has also

prevented those extended experiments in hospital practice which are regarded as essential to establishing the therapeutical value of a medicine. The great cost of this agent is given by Velpeau as his reason for discontinuing a series of experiments which he instituted with this salt of gold at LaCharite.

The fact that it was long since proved to be efficacious in treating scrofula, cancer, and syphilis, might have long ago at least suggested its adaptability to opium and alcohol diseases. If it can arrest the action upon the system and even overcome and eliminate such powerful poisons as those which cause the diseases specified, why might it not also master and expel the poison with which opium saturates its habitual consumer? This deduction seems a natural and proper one, and experience proves it to be correct. It is not claimed that the double chloride of gold will cure a case of acute opium poisoning, but that it will cleanse, renew and re-create the system poisoned by the habitual use of the drug.

The use of gold by the histologist to develop microscopical nerves, may, perhaps, be said to indicate that nerve fibre has a peculiar affinity for that metal. The application of it in solution brings out nerves which otherwise would be invisible. When the fact is recognized that absorption by lifeless fibre is quite unlike assimilation or reconstruction of that which is vitalized, yet the development of lifeless microscopic nerves by a solution of gold may be in part owing to some of the recondite forces which cause the gold, taken into the circulation, to reconstruct living ones.

The primary action of gold is upon the higher cerebral nerve centres. It acts directly upon the nerve tissue which is most *unstable*, or that is highest in its complex development and function. This nerve tissue is the brain. It first brings the consciousness out of its stupor and liberates the will. One of the early effects of my preparation of gold is to give the opium eater will-power. A physician in Indiana wrote me: "If it requires will-power to effect a cure you need not send me your remedy, because I have none." About a week after commencing treatment he wrote: "I believe I now have will-power enough to cure myself." This is the uniform testimony

of all patients, and is indicative of the remarkable action of gold upon the brain tissue.

Gold is the true physiological antipathic of opium. Opium produces isomeric change in the nerve fibres, a condition which has already been fully described in a preceding chapter. The action of gold is (1) to arrest this process of isomeric change, and (2) to restore the nerves to their normal condition. The nerves distant from the brain are the last to be reached, and during the progress of treatment the patient will have some aches and pains —the cry of these nerves for opium; towards the close of treatment they will manifest themselves particularly in the lower limbs and feet, nor will they disappear, as a general rule, until every portion has felt the beneficial action of the gold.

It has been repeatedly observed that this preparation enables the patient to reduce his daily allowance of opium without any marked inconvenience. The gold has such a prompt and positive effect upon the system that the process of rebuilding commences at once. This is one of the most favorable results obtained from the use of this remedy. The patient does not find himself gradually losing strength as he proceeds with treatment; on the contrary, bodily and mental vigor are rapidly developed and thus a cure is materially hastened. Without this medicament the reduction of the drug would involve intolerable suffering; but with it, the patient can not only reduce the morphine rapidly, but at the same time his system is being built up and renewed. At the close of treatment there is often such a marked change for the better in the personal appearance as to cause surprise to even intimate friends.

In a state of morphism the nerve fibres are chemically changed by the action of opium. The system is *poisoned* by opium. The nerves are in an abnormal condition which demands a continuance of the poison in order to live; and if the opium is diminished or withdrawn, the victim is subjected to intense pain until the demand of the nervous system is complied with and the poison again administered. The preparation of gold modifies and changes this condition of abnormal life. By arresting the process of isomeric change it curtails the demand

for morphine; by reversing the process it still further decreases it. By eliminating the poison of opium from the nerve cells and restoring the molecules to their pristine state it takes away all need for the poison; and thus brings the system into that condition of health and purity in which there is neither need of, nor desire for, opium in any form. Neither does it require any other stimulus. It is that state of natural health which knows no contamination with stimulants or narcotics of any kind.

As an antiseptic, gold has few equals and no peers in the materia medica. This has been demonstrated by Hoffman, Meissner, Gozzi, Kopp and others who have used it in cancerous and scrofulous affections. In opium patients whose bodies are covered with nodulations, sores, pimples, blotches, tumors and ulcers, resulting from the poison of the drug, remarkable effects have been produced by the use of gold. The sores rapidly heal up and pass away, even without the use of any liniment or local application whatever. Patients who are afflicted with concurrent ailments growing out of their habit find that the gold entirely relieves them, and when the last vestige of poison is expelled from the system they find themselves restored to an absolutely normal condition in which the functions of the body perform their allotted duties without the aid of any foreign stimulus whatever.

This therapeutical application of the chloride of gold and sodium should be widely known; the more so, because it presents the only known scientific remedy for the opium disease. The medical world has so long sought after a positive antipathic to the poison of the poppy, and the victims of the habit have so long been imposed upon by conscienceless charlatans, that many have long ceased to hope for a solution of the problem which seemed to puzzle the science of the ages. The discovery of a positive remedy in the chloride of gold and sodium, and its definite and unimpeachable character as a curative agent being settled by pathological demonstration as well as practical test, is a fact which is of intense interest to hundreds of thousands of people.

The sufferer from opium disease may have the absolute assurance of cure, and at a cost of suffering so in-

significant, so disproportionate to the duration of his habit and the hold that it has upon him, he will not regard it as suffering. The patient will emerge with clear, bright eyes, clean blood, with a brain capable of healthy activity, with energy of body and mind, and with capacities for achievement such as inspired the ambitions of his young, unpoisoned years. The expelled opium poison will have taken with it physical weaknesses and disorders.

The virile powers, so often weakened or even paralyzed by the opium habit, will be fully restored, and a source of secret shame and self disgust will thus be removed. And, what is perhaps the best, as well as the most wonderful of all, the craving for opiates will be as completely extinguished as if it had never existed. The patient is placed back, in this respect, to the days in which he had not tasted or longed for the intoxicant, and his life and his fortunes are once more subject to the control of his own will and judgment.

NOTE.—While these pages are passing through the press I notice that one or two physicians have been lately using the double chloride of gold in the treatment of opium disease. While I am glad that the attention of the profession has been directed to this agent by what I have published, I cannot emphasize too much the need of extreme caution in exhibiting it. I did not venture to use it continuously even in cases under my constant supervision, until I had, as stated in the foregoing chapter, after several years of investigation and careful experiment, discovered a menstruum which would harmlessly eliminate all excess of the gold from the system, thus making it perfectly safe to give this powerful agent in continuous and effective doses. I may add that the reported cases, so far as I have seen them, of the use of the double chloride of gold for the opium habit, show that those who have prescribed it have not reached an accurate knowledge upon the subject. Indeed, to give it without an eliminant, is dangerous in every case, and is entirely impracticable in self, or home, treatment.

CHAPTER XVI.

METHODS OF TREATMENT.—SPECIAL TREATMENT.

Having detailed those plans of treatment and drugs which have been tried and found to be of no value; and having also specified the only known medical agent which has been proved to possess special curative powers in the opium and morphine habit, it now only remains to indicate the line of concurrent treatment which should be adopted in connection with the use of the Double Chloride of Gold.

This can be best illustrated by giving a detailed account of cases under my own personal supervision. In doing this, I shall present an entirely different plan to any hitherto known. Some who have published accounts of daily treatment have gone into the minutest details; have narrated every varying change as it occurred, and shown just what particular means were used to correct any little difficulty which might arise. For instance, if the patient had slight feverish symptoms, quinine would be administered at once; if there was a feeling of restlessness and nervousness, some sedative would immediately be given. Thus the patient would be continually taking different medicines to meet and counteract different phases of the disease. This is the treatment of *symptoms, of effect,* not of causes. And herein lies the principal difference between the general plans of treatment hitherto published and the one which I have adopted. I direct all my efforts to the seat of the disease, upon the theory that if the cause can be removed, the effects will also disappear. In fact, the aches, pains and other troubles incident to the process of cure are all consequent upon the diseased condition of the nerves, as described in the chapter on pathological conditions.

The first and principal duty of the physician is, therefore, to address himself to the nerves and their functions and restore them to a normal condition. Normally, they require no morphine; the structure and function of the nerve are its equivalent of sufficient food, and the system is in a state of health. Abnormally, the nerves do require morphine, for the reason that they have undergone a chemical change which causes them to demand a constant stimulus.

The action of the Double Chloride of Gold upon the nerve fibres, as has already been shown, is very prompt and effective; it reverses the isomeric change produced by opium and gives them the power to perform their functions in accordance with organic laws. The chloride of gold and sodium will have this effect in any event, if it is properly prepared and administered, and there is no need of any other medical agent. It stands alone as the only known, positive antipathic to opium and morphine. All other treatment is simply auxiliary, and as such is helpful to the patient. It will be seen, therefore, that my method of personal treatment does not consist in frequent and special medication, varied from hour to hour as occasion may seem to warrant; but it consists in the steady pursuit of a fixed object according to a fixed plan.

It will also be noticed that my system of reduction contains some entirely new features. Hitherto there have been only the plans of sudden deprivation, rapid reduction and gradual reduction. My plan is one of reduction and extension combined. If the patient is in the habit of taking, say, twelve grains of sulphate of morphia every twenty-four hours when he comes under treatment, I reduce him *at once* to one grain every twenty-four hours, and afterwards by easy stages till ½ a grain per day is reached. Then I usually begin the extension process. This consists in lengthening out the intervals between the doses of the drug. If the patient has been taking his daily allowance at a given time and making it last him twenty-four hours, I enlarge the interval to thirty hours on, say, ½ grain; then I increase it to thirty-six hours; then I reduce the quantity to one-fourth of a grain, and take the patient along for forty hours; then I reduce the quantity to ⅛ of a grain and

make it last for forty-eight hours; then repeat it; then take him through sixty hours; then give him a final dose of one-eighth of a grain, and let that be the last.

Of course these suggestions of reduction and extension are not intended to be exact; they simply illustrate the principle. It is impossible to lay down a rule which shall fit every case, and the physician must be governed largely by the condition of the patient. Sometimes the extension will have to be modified, and at others it can be materially increased. In some cases the extension can be made from the beginning of treatment, in others no progress can be made with it till the last grain is reached. Some will quit the habit on ½ grain allowance daily; others have to taper off to an eighth of a grain before the cure is reached. It will be found that whenever the regular hour for taking the drug can be passed with impunity, that a great advance has been made, and the intervals can be extended with comparative ease. Sometimes it is advisable to divide up the quantity, and instead of giving one grain every forty-eight hours, give half a grain every twenty-four hours. The principal point is to break up the periodicity of taking and reduce the quantity at the same time.

And yet, this must not be done at the expense of food and sleep. No opportunity to sleep or eat must be neglected, and care must be exercised to prevent as far as possible loss of appetite and rest. The morphine eater eats and sleeps too little, and far from being retarded in these things, his system must be judiciously encouraged. He must not be allowed to reach a state of exhaustion or partial collapse, as it can do no good, but frequently does much harm. He must never go too long without giving him some morphia, be it ever so little. It is the object of the true physician to *build up* the system of his patient, and it is a mistake to suppose that it must first be broken down. It serves no useful purpose, but causes the patient unnecessary inconvenience and suffering, which should always be carefully avoided in every case.

Honesty with a patient is an essential to success. As soon as he comes under treatment he should be placed *en rapport* with his physician as fully as possible. He should be taken into partnership in the matter of treatment,

and taught to place implicit reliance, not only in the method, but also in the physician. My plan is to ask the patient for his morphine and tell him that whenever he wants any to come to me and I will give him all he wants. I tell him I will not let him suffer needlessly, nor expect him to deprive himself unnecessarily, but I will *always* give him morphine when he needs it. I place him at his ease and establish a bond of mutual trustfulness, telling him that if he will do his part I will do mine, and the result will be a complete cure. I regard this feeling of absolute trust in one another as highly important. If your patient will not deal with you honestly there is a reason for it, and it is generally because you do not invite his confidence.

Too frequently the doctor holds his patient at arm's length, and assumes an air of professional dignity. However appropriate this may be in general practice I do not say, but it is certainly out of place in the treatment of victims of the opium or morphine habit. They are cunning, shrewd, sly, deceptive, and frequently dishonest as to their habit. They must be drawn into a close relationship with the doctor who treats them; they must be taught to regard him as their friend as well as their medical adviser; they must have a thorough belief in his desire, as well as his ability, to cure; and they must feel that he is always perfectly honest in his dealings with them. If he ever deceives a patient and is found out, his influence is gone. He becomes a charlatan and a trickster in his patient's eyes and loses that respect and confidence which he ought to have.

In order to maintain this he must never promise morphine and then fail to keep his word; when the patient finds out, by experience, that the doctor is true to him in this regard he will cease his cunning efforts to obtain the drug secretly, and will even give up any that he may have hidden away. I have had this done in many instances. If the physician fails to keep his promise, the patient will soon find ways and means of procuring morphine secretly, and thus the cure will be delayed, if indeed, it ever be consummated at all. When he is deprived of his liberty and placed in charge of a hospital nurse, who also fills the position of a guard, this establishment

of a bond of confidence between doctor and patient is not taken into account. The poor victim is searched and every particle of morphine taken from him as soon as he enters the institution, and thereafter he is closely guarded and watched. He is not treated like a rational, sentient being in whose breast manhood still holds sway, but he is regarded more like an unthinking animal, and expected to "suffer it out" according to the notion of the governing power who has him under his care.

I cannot find language sufficiently strong in which to deprecate this unmanly style of treatment. It is contrary to the principles of good sense and is opposed to humanitarian feelings. It begets suspicion, distrust, dishonesty and animosity. The patient is simply a prisoner and is not allowed to have any volition of his own. He is not called upon to exercise any function of his brain, but is to follow the dictates of a man in whom he can have but little reliance. Confidence begets confidence, and it is always better to make your patient a warm-hearted, true friend from the first, than to compel him to be a suspicious enemy.

The patient must also learn to place reliance in himself. He must exercise his will-power as soon as possible and bring it to bear upon his cure. Under the influence of the double chloride of gold the will soon begins to assert itself, and he should be encouraged to exercise it and develop its strength as rapidly as he can. By this means he will greatly facilitate the treatment and hasten his cure.

Patients who place themselves under my personal care are provided with quiet, cheerful boarding places with private families and are recognized as patients in my general practice. They are thus largely screened from obtrusive observation and can enjoy the comforts of a home during treatment. To my mind this is infinitely preferable to a hospital. I put no restraint whatever upon them; they are gentlemen and ladies, and entitled to full respect. They consequently have full liberty, and they never abuse it. By thus showing I can trust them and evidencing my interest in them they at once place implicit reliance in me, and half the battle is won. They come to me readily if they need morphine, and willingly carry out my plans for their cure.

The following are some of the cases which were personally treated by me and are given with some detail in order more fully to illustrate my general method of treatment.

In some cases the names are not given, out of respect to the feelings of those who do not desire their publication; others have kindly consented to their use and they are accordingly given in full:

CASE ONE.

Mrs. E. M. Brady, Elkhart, Logan county, Illinois. A widow; 45 years of age; had been using sulphate of morphia for 14 years, and for ten years had averaged 15 grains a day. Was very much emaciated, feeble and debilitated when she commenced treatment. Mind weak; troubled with loss of memory, nightly hallucinations, and inability to form consecutive ideas and express them. Had no appetite. Constipated. Came under personal treatment at 8 P. M on November 16th, 1880.

Nov. 16th. On going to the boarding place provided for the patient, I found her excited and wild, and pacing the room in a perfect phrenzy. Administered 1 grain sulphate of morphia, and ordered the remedy every hour while awake. In four hours she was quite composed and obtained sleep.

Nov. 17th. Saw patient in the morning; still comfortable in body and mind all forenoon. No appetite. Quite restless in afternoon; frequent gaping and stretching. Ordered remedy continued as before. No morphine. Saw her again in the evening. Gave her 1 grain morphia.

Nov. 18th. Treatment continued. No morphia until evening. In the evening I found her restless, despondent and morose, with frequent desire to vomit. Gave her 1 grain morphia, and ordered remedy every hour while awake.

Nov. 19th. Called at 9 A. M. Found patient quiet. Said she had not slept well, but had taken remedy every hour during the night. She thought she felt better, and said she would wait until noon for her powder of morphia. At noon gave her 1 grain. Called again at 8 P. M. Found her quiet; ordered hot bath, and left ½ grain morphia to be taken at 9 P. M. No appetite.

Nov. 20th. Called in the morning to see patient and found her quiet. Very much constipated. Ordered 3 compound cathartic pills, and left 2 more to be given 3 hours later. Also left ½ grain morphia to be given after the bowels had moved off. Remedy every hour, as before. At 9 P. M. saw patient again. Found her weak and exhausted from the effects of the pills. No appetite for food. Gave her ½ grain morphia and ordered one bottle of Valentine's meat juice in teaspoonful doses every thirty minutes during the night, if awake.

Nov. 21st. Visited patient at 9 A. M. Found her very comfortable and somewhat cheerful. Said she had slept all night, and had no desire for morphine. Thought she could get along without it until evening. Gave her half a bottle of Valentine's meat juice. Remedy as before. Visited her again in the evening. She had slept a little during the day, but was somewhat restless; gaped and stretched; gave her ½ grain morphia.

Nov. 22d. 9 A. M. patient easy. Had slept 6 hours during the night. Ordered hot bath; remedy every hour and a half. 9 P. M. saw patient again. Still comfortable. Said she could wait until midnight for her powder. Left ½ grain morphia.

Nov. 23d. Saw patient in the afternoon. She was without pain and had passed a fair night. Treatment continued as before. She had not taken her morphine; told her to take it after a long walk in the open air.

Nov. 24th. 9 A. M. patient very restless. Complained of slight pains in her limbs and feet occasionally. Said the pain was very definite and continuous during the last part of the night. Administered ½ grain morphia; ordered remedy every hour, and a hot bath before retiring at night. Did not see patient until next afternoon, being called away.

Nov. 25th. 4 P. M. found patient irritable, restless and somewhat excited because of my absence. Gave her ½ grain morphia and continued treatment as before.

Nov. 26th. Called at noon. She was suffering from pains in her limbs and was restless. She said she felt stronger, however, and thought she could go until midnight without morphia. Said she had eaten a hearty breakfast. Ordered hot bath; remedy every hour. Called

in the evening; patient quite cheerful but suffering some pain in her limbs. Left her ½ grain morphia, and told her to put off taking it as long as she could.

Nov. 27th. Visited patient at 9 A. M. Found her much easier than when I last saw her. She laughed as I went into the room and handed me back the powder of the night before. Said she had made up her mind to go without it. I insisted upon her taking it at once, which she did, reluctantly. Called at 9 P. M. Found her cheerful; mind clear and active; said she was getting an unaccountable appetite, and felt much encouraged. Thought she could quit morphine entirely.

Nov. 28th. Patient nervous and restless but resolved to take no morphine. Gave her a buggy ride of 10 miles in the country. Returned at noon. She was quite hungry and somewhat exhausted; ordered ¼ grain morphia to be taken at 2 P. M. Called at 9 P. M. Powder had been taken at 3 P. M. Patient comfortable and bright. Had slept during the afternoon, and was feeling much better.

Nov. 29th. Called at 6 P. M. Found patient restless, irritable, uneasy and inclined to vomit. Gave her ¼ grain of morphia. Remedy every hour and a half.

Nov. 30th. Saw her about noon. Bowels had become very active; from 4 to 6 stools a day. Appetite voracious. Had slept all of the preceding night, but complained of weakness. Administered 10 grains of blue mass; remedy every two hours. Left ¼ grain morphia to be taken at midnight.

Dec. 1st. Was sent for early in the morning. Found patient much exhausted and in some pain, having lost her powder the night before. Frequent vomiting; food repulsive. Had a colliquative sweat during the night. Frequent operations of the bowels; ordered hot bath; a teaspoonful of Valentine's meat juice every 15 minutes until half a bottle had been taken. Gave ¼ grain of morphia, patient having had none for 36 hours. Called again in the evening. She was quite comfortable; bowels discharging freely. She thought she could go without morphine until next morning; treatment as before.

Dec. 2d. Saw patient at noon. She was cheerful and clear in mind. Laughingly said she would go without morphia for 36 hours again. Begged me not to come un-

til 9 P. M. so that she could make a gain of 3 hours in the extension of time. Saw her at 10 P. M. Said she felt bad but would try and go until midnight. Left her a powder, ¼ grain.

Dec. 3d. Called at 9 A. M. Found the patient in bed Had slept very well during the night. Said she took her powder at 8 o'clock that morning, making a run of 50 hours. Ordered hot bath and the body thoroughly rubbed with a hard crash towel. Saw patient at 9 P. M. Said she had slept most of the day, when not eating. Appetite ravenous; hungry all the time. Bowels still very active; remedy every 2 hours, while awake.

Dec. 4th. Patient still feeling comfortable, but somewhat restless. Said she would take no morphine until next day at noon; remedy every 2 hours, as before.

Dec. 5th. Saw patient at 10 A. M. Mind clear. Appetite enormous; bowels acting freely. Complained that she was so restless that she could neither sit, lie down nor stand in one position for any length of time for the past 3 hours, but was determined to go until noon without morphine. Gave her a buggy ride 5 miles and back. Returned at 12:30 and gave her ¼ grain morphia, she having gone without for 52½ hours.

Dec. 6th. Patient came to the office at 5 P. M. Said she was perfectly easy and knew she would never want any more morphine. Bowels quiet and natural; hunger unappeasable. Had taken remedy every hour and a half while awake. Said I need not visit her next morning as she wanted the exercise and would come to my office.

Dec. 7th. Patient came to the office as I was going to dinner. Said she felt as though she ought to have some "support," but was determined to go without morphine until evening. Insisted on her taking ¼ a grain at once. Advised her to go home and take a hot bath. Called at 9 P. M. Patient gone to bed. Said she would come down to the office and see me in the morning. No morphia that night.

Dec. 8th. Patient came to the office feeling well and cheerful; said she had slept most of the night and would have slept all night but she had to get up and eat, she was so hungry. Thought she could go until evening without morphine and would come to the office if she

needed any. At 8 P. M. patient came and said she thought she could go without until morning. I gave her a ⅛ of a grain powder, and told her to make the interval as long as possible before she took it. Remedy continued every 2 hours.

Dec. 9th. Patient came to the office at 9 A. M. just as I was going out to see a patient in the country. She handed me back the powder I gave her the night before, saying, "Thank God, I have done with morphine forever. I slept well all night and ate a hearty breakfast this morning, and I never felt more free from pain, or stronger, since I was a young girl."

Thus the last dose of morphine was taken at noon on December 7th, within three weeks of the commencement of treatment, and the result was accomplished without causing the patient any suffering or inconvenience. On the contrary she gained strength from the beginning. Treatment was continued until December 14th, 1880, at which time she had increased 20 pounds in weight, and looked at least 20 years younger than when she came under my care. All desire for morphine was completely eradicated. She said it would make her sick to take it and she had an intense aversion to it. Patient discharged December 14th, 1880, cured.

In the treatment of this case I relied wholly upon the remedy and the system of reduction and extension. This was varied as the circumstances seemed to warrant. No auxiliary treatment was given other than has been mentioned. Mrs. Brady has never had any inclination to return to the habit, and in a recent letter says that she has never enjoyed such good health in her life, as she does at the present time. In this case patient used four bottles of the double chloride of gold.

CASE TWO.

Mr. B——. A bachelor; farmer; 28 years old; had been using sulphate of morphia ten years, and for the last eight years had used it constantly. Was taking 40 grains a day when he commenced treatment. Temperament phlegmatic; disposition, sluggish. Weight 115 lbs. Was very much jaundiced, reticent and morose; was very suspicious. Had no hope of cure. Had been in a

sanitarium for 4 months at a cost of $500, and had spent hundreds of dollars on advertised "antidotes," &c., without getting any relief. Frequent failures had shaken his confidence. Took treatment for the sake of friends, but cared little about himself. Came under my care April 7th, 1881.

April 7th. Patient came to the office at 10 A. M. Had traveled all night, but had slept several hours. Took his usual quantity of morphine, 40 grains, the night before. Handed me all the morphine he had left. Was feeling comfortable but a little tired. Gave him the remedy every hour, but no morphine. Ordered a bath and vigorous exercise.

April 8th. Patient slept a part of the night before; was slightly nervous; no appetite. Remedy every hour while awake, but no morphine. During the day he took frequent exercise; no pain, but nervousness increased during the evening. At midnight I administered 1 grain morphia hypodermically, he having had none for 48 hours.

April 9th. He slept well the night before, and tried to eat breakfast, but had no appetite. Was feeling easy. Ordered sponge bath and a long walk. Had no pains and said he was doing well. At midnight gave him a hypodermic injection of 1 grain morphia. Remedy every hour as before.

During the next four days the patient continued in about the same condition; there seemed to be no positive pain, but a general feeling of weariness and nervousness was present all the time. General health was better. Administered 1 grain hypodermically every 24 hours and gave remedy as before.

April 14th. Patient felt better and quite hopeful. Reduced his morphia to half a grain a day hypodermically. Remedy as usual.

April 15th. Complained of hot flashes in his legs and occasionally in his breast. Said he did not sleep well the night before; ordered hot bath and the body vigorously rubbed with a hard crash towel. Frequent exercise; ½ a grain administered hypodermically at 10 P. M. Remedy as usual.

April 16th. Patient had a poor night; some pains in lower limbs; appetite improving; remedy every hour

while awake. At 10 P. M. gave ½ a grain morphia hypodermically. This treatment was followed with but slight variations until

April 22nd. Patient much better; appeared to be easy most of the time. Had no pains. Had been improving for several days. Spirits quite cheerful. Walked a good deal, and appeared much stronger. Reduced his morphia to a ¼ of a grain a day, hypodermically. Continued the remedy as before. Was slightly constipated; ordered compound cathartic pills.

April 23d. Patient said he had a very good night, and ate a moderate breakfast. Said he was feeling much better. Had no pains worth mentioning. Gave a ¼ of a grain morphia hypodermically at night.

April 24th. Not being satisfied with the patient's general condition and actions I caused enquiries to be made and found that he had purchased morphine at the local drug stores; 50 cents worth in all. Upon being told of it he admitted the facts, and promptly handed me the whole 50 cents worth. He gave as his excuse the fact that he had been in a sanitarium and when he craved morphine very badly and thought he would die, the physician would not give him any. He was deceived so often by false promises that he had lost confidence in everybody, and had made up his mind to provide for the final emergency. I asked him if I had ever refused him morphine, and he said I had not, but he was suspicious; he had not yet learnt to trust me. I again assured him I would not let him suffer. Further conversation elicited the fact that he had not taken his remedy as often as directed. After further conversation he promised faithfully to take no more morphine unless I gave it to him, and to attend strictly to my instructions. Ordered remedy every hour while awake; ¼ of a grain of morphine, by the mouth, at 8 P. M.

April 25th. Patient easy; slight pains occasionally in knees; felt better than usual. Ate a good breakfast. Took several long walks during the day. Remedy every hour. At midnight administered ¼ grain by the mouth making the interval 28 hours.

April 26th. Slept well night before. Very comfortable all morning. Bowels not sufficiently active. Order-

ed compound cathartic pills; exercise; hot bath in the afternoon. Remedy as before. No morphine.

April 27th. Passed a fair night; felt easy; no particular inconvenience. At noon administered ¼ grain by the mouth, he having gone 36 hours without morphine. Ate a good dinner. Felt well during the rest of the day. Remedy as usual.

April 28th. Patient was in good spirits. Said he was glad he had followed my advice as he was now rapidly improving and would soon be cured. Said he would have been through with morphine a week ago if he had not been so suspicious, but had followed my instructions from the beginning. Ordered plenty of exercise. Appetite good. No morphine.

April 29th. Slept well the night before. Hot flashes in legs and arms occasionally. Administered ⅛ grain morphine hypodermically at noon, he having had none for 48 hours. Remedy continued as before.

April 30th. No change worth mentioning. Treatment as usual. Patient very hungry all day.

May 1st. Treatment continued. Patient still comfortable. Took frequent exercise. Had a hearty appetite for his meals. At midnight gave him 1-16 grain morphia hypodermically. This made the last interval 60 hours.

May 2nd. Patient much better. Slept well night before. Appetite first class. Very bright and cheerful. Took hot bath in morning. Walked a great deal in afternoon. No morphine.

May 3d. Treatment continued. Patient improving. No morphine.

May 4th. Still improving; no pain; appetite getting better. At midnight administered 1-16 grain of morphia hypodermically. This was the last morphine he had. Indeed, he never wanted any more. He gained strength so rapidly and was so happy in his new-found and unexpected freedom that he could not be induced to take any more morphine under any consideration. Every day showed a marked improvement. On May 10th he was discharged cured, weighing 19½ pounds more than when he came.

This patient said that his friends would scarcely believe he was cured. He had spent so much money and

time in fruitless efforts to obtain relief, that he did not expect to get through under several months, if at all. Then he expected to be a physical wreck when he did quit using morphine. His cure was such a surprise to himself that he said it seemed almost like a miracle.

In this case I relied entirely upon the remedy and my plan of reduction and extension. It will be observed that the subcutaneous method of administration was used, with a few exceptions, throughout treatment.

CASE THREE.

L. B. Hills, Grand Secretary I. O. O. F. of the State of Wisconsin, Madison, Wis. Married; 56 years of age; had been using sulphate of morphia for 17 years. Was wounded in the war, and his surgeon gave him morphine to allay the pain. Took it six months. Upon getting well he found he could not do without it. The quantity necessary one week would have to be increased the next. Continued to increase the dose until six grains a day was reached. About this time he saw an article in Harper's Weekly, written by Fitz Hugh Ludlow, and was suddenly awakened to the fact that he was a confirmed opium eater. He tried to reduce his daily allowance and found he could get down to 2 or 3 grains a day, but would inevitably lose the ground gained in a few days. Then he would have to increase a little. During these efforts his agonies were almost unbearable. He began to look after a cure, and placed himself in the hands of three physicians in Madison, Wis. He was under their care for eight weeks and had to keep his bed most of the time. Suffered tortures in mind and body, and at the end of treatment was in worse condition than when he began. He began now to use the self-styled "cures" so freely advertised in the market. He nearly died from the effects of one of them, and all of them were utterly worthless to him. He saw a notice of my Essay on Drunkenness and its cure, and wrote asking if I could help his case. After some correspondence he ordered a pair of bottles of opium cure. Got so much relief that he was satisfied a cure could be made in his case. Was then using 14 grains of morphia daily. Walked with difficulty on account of his wound which caused him much pain. Had no dispo-

sition to active exercise. Very much constipated. Came to Dwight April 29th, and said he could only stay a few days, as he must get back to business as soon as possible. Said he was willing to suffer a great deal if I would cure him. His physical condition did not warrant me in effecting the cure as rapidly as he desired, as will be seen from the daily statement of the case.

April 29th. Examined patient at 11 A. M., and commenced treatment at once. Ordered remedy every hour while awake. Gave a croton oil pill, 1 drop. No morphine. Told him to rest during the day as much as possible.

April 30th. Patient had not slept well during the night. Bowels running off freely. Was very much exhausted, and said he was "all torn up." Appeared to be suffering severely. Administered one grain of morphia hypodermically. Ordered remedy every hour as before. Hot bath in the afternoon, and Valentine's meat juice every thirty minutes for six hours.

May 1st. Patient said he had had a pleasant night; was feeling quite comfortable. Very cheerful. Could not be induced to take exercise but spent the morning in reading. Enjoyed his dinner very much. At 4 P. M. administered 1 grain morphia hypodermically, he having gone 19 hours without any. Took a short walk after supper. Retired early.

May 2d. Gave a full dose of compound cathartic pills in the morning. Ordered hot bath. Remedy as before. Patient quiet and easy all day with the exception of slight pains in the lower limbs when he got up and attempted to walk. At 6 P. M. administered ½ grain of morphia hypodermically. This made the interval of extension just 26 hours.

May 3d. Patient had a fair night. Complained of occasional pains in his hips and knees. Very restless. Ordered a buggy ride, as he could not be prevailed upon to take walking exercise. Remedy continued. On his return from riding he felt much better and ate a hearty dinner. No pain in the afternoon. Bowels regular. Stools natural. General health much improved. Patient very hopeful and sanguine of a speedy cure. At midnight gave him ½ grain hypodermically, he having had none for 30 hours.

May 4th. Patient rested well during the night. Slept most of the time. Remedy continued as before. Ordered hot bath. Thought he could go without morphine 60 hours. Said the remedy gave him more will-power than he ever expected to have again. Was very cheerful and took a great deal of interest in the progress of his case. He took 1 bottle of Guinness' Dublin stout before going to bed.

May 5th. Patient had slept well the night before and thought he could go through without any more morphine. Appetite good. Bowels regular. Said he had no desire for morphine. Remedy as usual. Gave him a good brandy sling, which seemed to do him good. Very easy and comfortable all day. At midnight, administered ½ grain of morphia hypodermically, making the extension 48 hours.

May 6th. Patient bright and happy. In excellent humor with the world and himself. Ate a hearty breakfast, and still hungry. Took a short walk with another patient. Hot bath at 11 A. M. Two bottles of Guinness' stout during the day. Remedy every hour while awake. No morphine.

May 7th. Still feeling well. Said he slept moderately well the night before. Very hungry all the time. Ordered a buggy ride which did him a great deal of good. Ordered remedy every hour and a half, while awake.

May 8th. Treatment continued. Patient still improving. At noon administered ¼ grain of morphia, hypodermically, making the interval 60 hours.

May 9th. Treatment continued until he left, three days later, when I gave him a ¼ of a grain by the mouth just before he started. I put up 12 powders of ¼ grain each, and instructed him to take them at intervals of 60 hours for the first and a gain of 20 hours on each powder thereafter. Remedy ordered every hour and a half.

Patient reached home all right and went to business at once, his work being unusually pressing and severe. Followed my directions faithfully. Took three of the powders and then quit entirely. His system was rapidly built up; he gained in weight; looked healthier than he had for years, and was able to enjoy life—really enjoy it—for the first time in 17 years. His cure, under all the

circumstances and difficulties attending it, is regarded by him as almost miraculous.

CASE FOUR.

Mrs. Alice Stark, wife of a hotel keeper at Oskaloosa, Kansas; 30 years of age. Commenced taking sulphate of morphia five years ago to relieve the pain of sciatica; after getting well continued its use until she reached 12 grains a day. Was slightly hysterical. Very puffy and bloated in appearance. Sallow complexion. General health debilitated. Had tried to quit of her own accord, but had suffered snch fearful agonies that it resulted in her increasing her daily allowance of the drug. Was very anxious to be cured. Came under my care July 29, 1881.

July 29th. Upon the arrival of the patient I enquired into her case, and found it to be simply morphine eating without any complications. Commenced treating her with the double chloride of gold at once, ordering a full dose every hour while awake. Administered 20 grains of blue mass. She having taken her regular allowance of morphine just before reaching Dwight I gave her none the first day.

July 30. Saw patient in the morning and found her in much better condition than I expected. She said she had passed a pleasant night, especially considering the newness of her surroundings. Had felt no inconvenience and was "supported" wholly by the medicine. She thought she could go until evening without morphine. Ordered remedy as on previous day. Hot bath in the afternoon.

July 31st. In the morning patient came to my office about 10 o'clock. She was very bright and cheerful. Had become accustomed to the place and began to feel at home. Was well satisfied with her progress, having gone 60 hours with only 1 grain of morphine and without pain. She said the remedy seemed to "support" her so thoroughly that she did not think there would be any necessity to take any more morphine. Remedy continued as before. Took a short walk in the afternoon. At 9 P. M. gave her 1 bottle Guinness' stout. No morphine.

Aug. 1st. Upon seeing the patient this morning I found her quite exhausted and very uneasy. Said she had not

slept the night before, but had no pain. She was in constant dread, however, of a return of the sciatic trouble. She was still determined to go without morphine. Continued the remedy every hour. Ordered a buggy ride. At noon administered ½ grain of morphia hypodermically. Patient much better in the afternoon and evening. Retired early.

Aug. 2nd. The patient's condition remained about the same. Remedy as usual. Exercise during the day. Hot bath in the afternoon. No morphine.

Aug. 3d. Patient felt quite comfortable this morning. Slept well during the night and ate a moderate breakfast. Was quite sanguine of a cure. Complained of a slight stomachic difficulty. Gave her 1 bottle Guinness' stout in the morning. At noon administered ½ grain of morphia, she having been without for 48 hours.

Aug. 4th. Saw patient in the morning and she was very nervous. Complained of cramps in the stomach and pains in the knees. Bowels began to run off quite freely. Gave her 20 grains of blue mass. Ordered 1 bottle of Guinness' stout. A hot bath at 11 A. M. Remedy continued as before.

Aug. 5th. Patient came down to the office in the morning, and was somewhat exhausted. Had not slept well during the night, but was not suffering. Did not want any morphine and thought she could go until night without any, anyhow she would make the interval 48 hours. Gave her Valentine's meat juice and told her to alternate that with the remedy every hour during the day. Patient passed her 48 hour limit at noon, and was well satisfied with her progress. Quite comfortable in the afternoon. Took light exercise, and a short sleep. At 6 P. M. I gave her ½ grain of morphia by the mouth. This made the interval 54 hours, the longest since commencing treatment.

Aug. 6th. Treatment continued as before with the exception of Valentine's meat juice. Double chloride of gold every hour, while awake. Ordered frequent exercise. No morphine.

Aug. 7th. Patient still improving. Appetite improving. Very cheerful and looking forward to speedy cure. Treatment as before. No morphine.

Aug. 8th. She slept well the night before, and took a long walk in the early morning. Spent a large part of the day out doors; was bright and happy and much interested in conversation with other patients. Remedy every hour as before. No morphine.

Aug. 9th. Patient's condition still very favorable. No bad symptoms. Slightly weak. At noon I administered ½ grain of morphia by the mouth.

Aug. 10th. Treatment continued but no morphine given. Hot bath in the forenoon. Exercise during the day.

Aug. 11th. Patient doing well. Slept well night before. Enjoyed breakfast. Cheerful; remedy every hour as usual; exercise.

Aug. 12th. Ordered half a bottle of Valentine's meat juice taken in teaspoonful doses at intervals during the day; hot bath in the afternoon. Remedy continued, but no morphine.

Aug. 13th. Patient came to my office early in the morning and said she felt as though she needed some "support," as her limbs pained her from her knees down and there were cramping pains in the stomach. I administered ½ grain of morphia, and ordered Valentine's meat juice every 30 minutes. Not being able to control pains I gave her the ½ grain of morphia above mentioned, and it had the desired effect. Patient comfortable the rest of the day.

Aug. 14th. Patient slept well the night before and was feeling quite well. All pains gone; said she experienced a sense of great relief as she now believed that she was through with her pains and troubles. Thought the rest of the treatment would be easy enough. Took some exercise to-day, and ate her meals with a relish. Remedy as before. No morphine.

Aug. 15th. Treatment continued. Patient still feeling better. No pains. Quite easy all the time. No morphine.

Aug. 16th. Patient took a buggy ride in the morning, which did her a great deal of good. Came back very much refreshed. Ate a hearty dinner. Rested in the afternoon. Remedy continued. Hot bath before going to bed. No morphine.

Aug. 17th. Treatment continued as before. Patient shows decided signs of improvement. Puffy appearance of the face nearly all gone. Fresh color; clear eyes. No morphine.

Aug. 18th. Patient slept well during the night. Felt well this morning. Said she certainly would never want any more morphine. Considered herself about cured. Remedy as usual, but no morphine.

Aug. 19th. No change in treatment. Patient doing better all the time.

Aug. 20. Patient was still feeling well, and suffering no pain or inconvenience. Ordered hot bath in the morning. She took plenty of exercise all day. Appetite good. At noon I administered ¼ grain of morphia by the mouth. Remedy continued every hour, while awake.

The patient remained under my care for two weeks after this, but she never took any more morphine. The treatment was continued by giving the remedy every 2 hours, while awake. Every day showed a decided change for the better. She looked like a healthy woman and was happy all the time. She slept well and had a good appetite. She expressed herself as being well pleased with the change from slavery to liberty and said that nothing could possibly induce her to return to the habit. On September 2d she was discharged, cured.

After returning home she continued to improve in health, and was stronger than she had been for several years.

CASE FIVE.

Mr. ———, a married man; 40 years of age; very thin and frail; had the bones of a strong man, but only weighed 108 pounds. His normal weight was 185 pounds, but he had been reduced by the constant and excessive use of morphine. He had first used it to relieve neuralgia of the stomach, and whenever he tried to go without it, he was attacked with terrible neuralgic pains accompanied by vomiting and purging. He had tried all methods of cure as recommended by physicians and had suffered a great deal in doing so, but was unable to get any relief. He made up his mind to go to Hot Springs, Ark., when a friend handed him my Essay on the Opium Habit. After some correspondence he came to Dwight. Was using 8

grains sulphate morphia per day. Had been using it 14 years. Came under my care June 12th, 1881.

June 12th. Patient arrived the night before and retired early. Slept well, having taken his usual quantity of morphine. Saw him at 9 A. M. Found that his case was not a difficult one. Ordered the remedy every hour while awake; a hot bath at 11 A. M. At noon I gave him 1 grain of morphia by the mouth. He had no appetite. Ordered a bottle of Valentine's meat juice alternate with the remedy.

June 13th. Patient slept well during the night. No appetite. Slightly constipated. Gave him compound cathartic pills. At noon I gave him ½ grain of morphia, making the interval 24 hours. Hot bath at 4 P. M. One bottle Guinness' stout before retiring. Remedy as usual.

June 14th. Patient still had no appetite. Ordered meat juice continued. Gave him ¼ grain of morphine at 9 A. M. Ordered a buggy ride. Said he had no pain at all. Stomach quiet. Although the weather was very unfavorable yet he had no signs of neuralgia. This seemed to surprise him, especially as he was taking so little morphine. Slept two hours in the afternoon. At 9 P. M. gave him ¼ grain of morphia.

June 15th. Slept well the night before. Ate a light breakfast. Took a long buggy ride early in the morning. Hot bath at 11 A. M. Continued remedy every hour. Bowels regular. No pain. Meat juice continued. No morphine this day.

June 16th. Patient a little restless. Had only slept a part of the night. Rather nervous, but not suffering any pain. Gave him ⅛ of a grain of morphia at 9 A. M. Hot bath at 11 A. M. Exercise during the day. Remedy as before. Rested most of the afternoon and was quite cheerful. At 9 P. M. gave him ⅛ grain morphia.

June 17th. Patient came to the office in the morning looking and feeling very well. Said he had had a good night and felt "splendid." Took a buggy ride. Remedy continued every hour, while awake. Meat juice every two hours. No morphine this day.

June 18th. Gave him 1-16 of a grain of morphia at 9 A. M. Ordered frequent exercise. Remedy as before. Patient was astonished to think that he had reduced so rap-

idly and did not feel any particular desire for morphine. Had no pain and felt better than usual. At 9 P. M. gave him 1-16 of a grain of morphia.

June 19th. Did not see patient until 11 A. M., he having been out buggy riding. Said he was a little tired but he thought he could do without morphine until evening. Ordered a hot bath in the afternoon; one bottle of Guinness' stout at 5 P. M. At 8 P. M. gave him 1-16 of a grain of morphia.

June 20th. Patient felt well and had slept all night. No pain at all. General health very much improved. Was happy and cheerful. At 11 A. M. I gave him 1-16 of a grain of morphia.

This day he was compelled to return home in order to attend to some important business which awaited him. I put up nine powders of 1-16 of a grain each, and instructed him to take the first at the end of 48 hours and extend the time 10 hours during each interval of extension. After reaching home he was actively engaged in business, but continued the remedy every two hours while awake. He only took four of the powders I gave him, when he found he could do without morphine entirely. His neuralgia had entirely left him, nor has it returned again. He has improved wonderfully in health, gained in flesh and is like a new man.

In this case there was simply reduction with but little extension. If the patient had been in better physical condition when he came to me he could have been cured in four days. As it was, he only stayed with me 9 days, and during that time his general health was gradually getting better and he was increasing in weight. He was practically cured when he left my personal care.

CASE SIX.

Dr. J. M. Richards, of Lawrenceville, Lawrence county, Illinois. A married man; 46 years of age; had been using sulphate of morphia for 18 years; was taking 40 grains a day; had taken as high as 60 grains at a dose; suffered from piles, nodulations and tumors. Had tried all the so-called "cures" and "antidotes" at a cost of $2,500 and was worse than ever. Had three severe attacks of sickness consequent upon his habit within a month of his

commencing treatment. Was reduced in weight to 106 pounds. His whole system appeared to be poisoned with opium, and he realized the fact that he could not live much longer in the condition he was in. Had read my Essay on the Opium Habit, and as it presented the only scientific pathology he had ever seen on the subject, he determined to come to Dwight for treatment, but was a month in getting here, as the three attacks above referred to occurred while he was coming. When he arrived he was in a pitiable condition. Nothing but a skeleton; utterly broken down in health; scarcely able to walk, and apparently on the verge of the grave. He came under my treatment September 9th, 1881.

Sept. 9th. Patient arrived the night before, and I was sent for at 10 o'clock this morning. Did not know he was here. I went to the hotel, and found him in the condition already referred to. He seemed almost too far gone for help, but as his mind was clear and sound I determined to treat him. Ordered the double chloride of gold every hour, while awake. Told him to rest as much as possible. No morphine.

Sept. 10th. Patient had not slept well. Had no appetite. Nervous. Ordered Valentine's meat juice, and remedy as before. At noon I administered ½ grain of morphine hypodermically. Hot bath in the afternoon. Was able to take some walking exercise.

Sept. 11th. Patient had not slept well the night before and was much exhausted this morning. Ordered 1 bottle of Guinness' stout, and Valentine's meat juice at intervals during the day. Remedy continued every hour. At noon administered ½ grain of morphia hypodermically. Rested well in the afternoon. No pain. In the evening gave him 1 bottle of Guinness' stout.

Sept. 12th. No sleep the night before. Could not rest in bed and had sat up nearly all night. Very much exhausted; no appetite; no pain. Ordered hot bath at 10 A. M. Meat juice continued. Guinness' stout at 11:30 A. M. At noon I administered 1 grain of morphia hypodermically. Remedy as before.

Sept. 14th. Patient weak, but cheerful and full of courage. No suffering at all. The piles rapidly disappearing, and a decided improvement in his general appearance.

Nodulations and tumors disappearing. Remedy as usual. Ordered a buggy ride of 14 miles and back. Patient much exhausted on his return. At 3 P. M. I gave him 1 grain of morphia by the mouth. Ate a light supper and retired early.

Sept. 14th. Patient slept well all night and was feeling very much refreshed this morning. Enjoyed his breakfast. Felt strong enough to take frequent walking exercise. Remedy continued every hour. Bowels running off freely. Meat juice at intervals during the day. At 6 P. M. I gave him 1 grain of morphia by the mouth. Ate a good supper and went to bed early.

Sept. 15th. Patient had slept most of the night. Bowels still running off. Piles nearly all gone. Ordered a buggy ride of 14 miles and back. This seemed to help him very much. Hot bath in the afternoon. Remedy as usual. At 6 P. M. I gave him ½ grain of morphia by the mouth.

Sept. 16th. Patient had slept well all night, and was bright and cheerful this morning. A marked improvement in personal appearance. He thought the exercise of the day before had done him a great deal of good. Bowels still running off. Ordered 20 grains of blue mass. Hot bath at 11 A. M. One bottle of Guinness' stout just before dinner. Remedy every hour. At 6 P. M. I administered ½ grain of morphia by the mouth.

Sept. 17th. Patient much better. Treatment continued as before. Gave him ½ grain of morphia by the mouth at 6 P. M.

Sept. 18th. Patient improving. Bowels regular. No pain. Ordered hot bath in the morning and remedy as before. Gave him ½ grain morphia by the mouth at 6 P. M.

Sept. 19th. Patient still better. Piles all gone. Sores on body healing rapidly. Looking fuller in the face. Bowels regular. No pain, but weak. Took frequent walking exercise. Remedy every hour as usual. At 6 P. M. I gave him ½ grain of morphia by the mouth.

Sept. 20th. Patient had not had a good night, but was in no pain. Took hot bath in the morning; exercise in the afternoon. No morphine this day.

Sept. 21st. Patient complained of slight pains in the

knees and back, and was somewhat exhausted, but full of courage and hope. Ordered remedy continued as usual, and meat juice at intervals during the day. In the afternoon he was very weak, and frequently staggered while walking. At 6 P. M. I gave him a ½ grain of morphia, he having gone 48 hours without any. He ate a good supper and retired early.

Sept. 22d. Patient had slept well the night before and was quite cheerful this morning. Thought he could almost do without morphine altogether. Treatment continued without change. He felt so much better and stronger that it seemed wonderful to him. In the afternoon he took a long walk in the country. No morphine.

Sept. 23d. This morning he felt much better, but was very weak. Said he had not been able to rest well the night before. Treatment as before. At 6 P. M. I gave him ½ grain of morphia by the mouth, making the interval 48 hours. He said he did not experience near so much inconvenience as he did during his first 48 hours without the "drug."

Sept. 24th. Patient slept well the night before, and was much stronger this morning. Had himself weighed and found he had gained 10 pounds in 15 days. His appetite was good. No pain. Took a hot bath in the morning. Remedy as usual. Frequent exercise. No morphine.

Sept. 25th. Patient did not sleep well during the night, but enjoyed his breakfast. Felt well. Walked a good deal. No pain. Bowels regular. Remedy continued every hour, while awake. No morphine.

Sept. 26th. Patient rather weak this morning, but not complaining. Seemed to be in good spirits. At noon I administered ½ grain of morphine by the mouth, he having gone without any for 60 hours.

Sept. 27th. Patient much improved. Had slept well all night. Ate a hearty breakfast. Took a long walk in the morning. Hot bath at 11 A. M. Remedy every hour. No morphine.

Sept. 28th. Treatment continued as usual. Patient feeling better and suffering no pain. Went out shooting in the afternoon. Very tired when he came back. Ate a light supper and went to bed early. No morphine.

Sept. 29th. Patient did not sleep well the night before, and could not eat his breakfast this morning. Took remedy as usual. At noon I gave him ⅓ grain of morphia by the mouth. This made the last interval 72 hours. He was much encouraged at having done so well and said he believed he could pull through without any next time.

Sept. 30th. He slept well the night before. Appetite good. Said he was in better health than he had been for five years. Walked easily and had no pain. Was looking wonderfully better. Treatment continued, but no morphine.

Oct. 1st. This morning he said he did not care about any more morphine, and felt so well that he would try and get along without any more. Exercise during the day. Remedy as usual, but no morphine.

Oct. 2d. Patient still determined and hopeful. Gaining strength all the time. Happy and cheerful. Appetite good. Bowels regular. At noon I administered ⅓ grain of morphia by the mouth, making the interval just 72 hours. He said the ⅓ of a grain did him as much good as 40 grains did formerly. Remedy continued. In the afternoon he took considerable exercise. Sponge bath at 4 P. M.

Oct. 3d. Patient much better. Remedy every hour, while awake. No pains. Took exercise freely and was very cheerful all day. No morphine.

Oct. 4th. Treatment continued. Patient improving fast. Appetite good. Slept a little during the day. No morphine.

Oct. 5th. Did not sleep the night before. Rather restless, but said he thought he could do without any more morphine. At noon I prepared ⅓ grain for him, and put it by his side. He was busy talking at the time and when he finished got up to go to dinner and nearly forgot to take it. This made another 72 hours he had gone without, and he said it was really no inconvenience at all.

Oct. 6th. Patient feeling comfortable. Treatment continued as before. No morphine.

Oct. 7th. Patient said he did not feel well when he went to bed the night before and kept getting more and more restless as the night advanced. Finding he could

not sleep he got up and took a long walk. Was somewhat exhausted this morning. Ordered a sponge bath and a brisk walk; one bottle of Guinness' Stout; remedy as before. Felt all right during the day. No morphine.

Oct. 8th. Patient had not much sleep the night before and was very much worn out, but in no pain. Said he would not take any morphine. Continued treatment as on previous day. No morphine.

Oct. 9th. Patient said he slept well the night before, and otherwise he was all right. Appetite good. Bowels regular; general health much improved; weighed and found he had gained 26 lbs since he came. Was feeling much encouraged and said he would not want more than one dose more of morphine as long as he lived, and he did not think he really needed any. Treatment continued. At 5 P. M. I prepared him ⅓ grain of morphia and put it down by him. He was occupied at the time and presently started to supper without taking it. I called him back again and he took it, saying it was his last dose. And he was right, for he did not take any more. His improvement was very marked henceforward, and every day showed a decided gain. The treatment was continued for two weeks longer, when he was discharged, cured. During treatment he took altogether 9⅓ grains of morphine.

This was an interesting case from the fact of the patient taking so large a quantity of morphine daily, and for so many years, and also on account of his physical condition when he commenced treatment, he being a complete wreck. The double chloride of gold acted very promptly and efficaciously upon his system and the steady improvement in health while the daily allowance of morphine was being decreased, was a marked feature of the case. It was plainly demonstrated that the remedy will effectually restore anyone who still retains a sound mind, no matter what their physical condition may be.

CASE SEVEN.

Mr. L———, a lawyer of prominence in Northern Illinois; married; 40 years of age; in good physical condition. He had used sulphate of morphia for 18 years; took from 20 to 30 grains a day. In April 1881 he sent to

me for two bottles of double chloride of gold for the opium habit, having previously tried all the advertised "antidotes" in the market. After taking the two bottles he felt that he had found salvation at last in my remedy, and in the latter part of June sent for two more bottles. With their aid he managed to reduce his daily allowance of morphine considerably more than one-half, although he had not been able to take the remedy regularly, or follow my instructions carefully. His professional engagements prevented him from coming to Dwight at that time, but he determined to avail himself of the first opportunity he might have to finish treatment. On Aug. 13th he arrived in Dwight and at once commenced treatment under my personal care.

Aug. 13th. Ordered the remedy every hour while awake. Hot bath and exercise. No morphine.

Aug. 14th. Patient was feeling well and took frequent walking exercise in the morning. At noon administered ¼ grain of morphia hypodermically. In the afternoon patient was very cheerful and without pain.

Aug. 15th. Patient had slept well the night before and eaten a good breakfast. Was bright and lively. Read and talked a great deal. Took active exercise. He was surprised to find that the remedy had supported him so well without taking any morphia. Remedy continued. He was in excellent spirits all day. No morphine.

Aug. 16th. Patient had a fair night and was feeling comfortable. Took a long walk in the country in the morning. Came back tired but cheerful. No pain or inconvenience. Remedy every hour. At 6 P. M. I administered ¼ grain of morphia hypodermically.

Aug. 17th. He slept well the night before. Appetite good. Said he believed he could get along without morphine. Seemed very happy. Entered freely into conversation with other patients. Frequent walking exercise all day. Remedy continued. No morphine.

Aug. 18th. Patient improving rapidly. Health good. Appetite hearty. Did not seem to need or want morphine. Walked a good deal during the day. Remedy as before. In the evening gave him 1 bottle of Guinness' stout.

Aug. 19th. Had slept moderately well the previous

night. Quite comfortable this morning. No pain or inconvenience. Said he would soon be all right. At noon administered ⅓ grain of morphine. Remedy as usual.

Aug. 20th. Patient was very lively this morning, and wanted to go out hunting. Took long walks with other patients. Seemed in excellent spirits. Hungry for his meals. Took remedy as usual. No morphine this day.

Aug. 21st. Patient came to my office in the morning, and said he had slept well the night before. Exercise. No morphine.

Aug. 22d. Patient was up early and took a long walk. No pain or inconvenience. Happy and cheerful. Remedy as before. At 6 P. M. I administered 1-16 of a grain of morphia, which was the last he ever took. He stayed with me for a week longer, during which time he kept up the treatment, and was then discharged, cured.

A noticeable feature in this case was the fact that the patient was entirely free from pain and suffering during treatment. He was in good spirits all the time. In ten days from the time he came under my care he was entirely cured, and has had no pain or inconvenience of any kind since. While I am writing this a letter received from him states that from the time he took his last dose of 1-16 of a grain of morphia he has not had any craving or need or desire even for "the drug." His letter breathes gratitude and confidence in every line, and he wishes that the marvelous effects of the double chloride of gold could be known by every victim of the opium habit.

CHAPTER XVII.

METHODS OF TREATMENT.—SELF OR HOME TREATMENT.

I come now to that plan or method of treatment which can be safely carried out in one's own home without the personal superintendence of a physician. And in introducing this subject to the reader I would say that it must not be supposed that every case can be so treated. Hitherto it has been held by physicians that the opium disease could *only* be treated in a hospital, a sanitarium, or under the immediate and constant supervision of a physician and a competent nurse. The practice of advertising speedy cures, by charlatans and empirics, has been frowned upon by the medical profession because it was well understood that the much advertised "cures" never cured at all! Reputable physicians, however, have not hesitated to trumpet their own praises in medical journals and the daily press, and to speak highly of the methods they employ to cure the habit in the institutions which they represent. But the poor victim is always told that his only hope is to enter a sanitarium and go through the course of treatment therein prescribed.

It is undoubtedly true that the only way in which many cases can be successfully treated is to place them in charge of a physician; but even when this is done, a nurse and rigid rules of imprisonment are wholly unnecessary, as I have already clearly shown. But there are tens of thousands of people to-day who need a cure and yet are unable to pay for special treatment. They could be taken care of, and the medicine and morphine administered by relatives and friends if such a course would be successful, and thus save much unnecessary expense.

Then there are tens of thousands more who earnestly realize their condition and desire a cure so much that they are willing to follow any directions which will lead to their ultimate recovery. These two classes can be treated at home with perfect success.

Home treatment necessarily takes longer than that which is pursued under a physicians care. One reason of this is because the patient, when left to himself, does not always follow directions as carefully as he ought to. He is often induced to follow his own judgment instead of that of the prescribing physician, and hence omits important instructions. Then again, the plan laid down must be uniform and adapted as nearly as possible to all cases. It is evident that some will progress faster than others; some can be pushed along at a rapid rate, while others have to take their time. While a uniform plan will be successful in *every* case, it will necessarily make the progress of cure longer in some than it would if the treatment were specially and personally conducted under my own supervision. I have succeeded in obviating much of this difficulty by preparing a printed blank report which, when filled out, accurately states the patient's condition at any given time. When I treat any one at a distance I furnish several of these reports accompanied with printed envelopes and request that one be filled out and mailed to me every third day. By this means I can keep posted as to the progress made, and learn the exact condition of my patient, and thus give him any advice which may be necessary. This system of reports also enables me to ascertain whether my instructions are being properly carried out or not. The varying phases of the opium disease and its complications with other diseases make these reports very essential.

THE MEDICINE NECESSARY.

There are general rules for self treatment which can be recommended for every case, and which will always result in a cure. It is hardly necessary to say that the most important one is the regular taking of the medicine prescribed. I never give anything but the double chloride of gold. Usually this must be taken every two hours while awake. If the patient finds that he can

sleep at night without the use of morphine he need not take the remedy during the night. But if he is wakeful and restless he must continue taking the remedy according to directions, but must on no account take any extra morphine. If the remedy is too strong for the stomach or causes nausea, the dose must be reduced, but the frequency of giving it must *always* be maintained. It is a mistake to suppose that the omission of a few doses now and then will make no difference. Every hour the poison of opium is doing its deadly work, and no opportunity must be lost to counteract its influence. Each dose of the remedy does its allotted work, and the accumulation, by gradual degrees, of many doses effects a cure. The omission to take the medicine simply retards the progress one step every time it is done. I cannot lay too much stress upon this matter, because it is one of vital importance. I have some times been surprised at the poor success I have had with patients at a distance, who only reported occasionally, and whose reports showed very little to have been accomplished. Enquiry developed the fact that, in nearly every instance, the remedy had been taken just whenever it suited the patient. If the patient cannot be trusted in this matter, then some relative or friend should see that each dose is taken at the proper time. Upon this the cure largely depends, and if the patient will not, or his friends cannot, attend to it he had better not attempt home treatment but place himself under the care of a competent physician.

No hesitancy need be felt about taking the double chloride of gold as frequently as indicated in the directions. As has already been stated in a previous chapter, my method of preparing this potent medical agent is such that it is positively non-injurious to even the most delicate organism. Neither do I ever prescribe opium or put it in any preparation which I give. A physician who claims to have been recently cured in a sanitarium says, "The only remedy for the opium habit is opium." This theory has always been held by the charlatans who have sent out barrels of medicine (?) of which opium formed the chief ingredient. Their scale of prices for this stuff was based, *and is yet based*, upon the quantity of opium or morphine taken by the patient each day, thus conclusive-

ly showing that a proportionate quantity of opium is put in the "antidote." Every time a patient orders a fresh supply he has to state *exactly and precisely* how much of "the drug" he takes daily so that the new supply can be accurately graded and the quantity slightly reduced. This system of peddling out opium and calling it medicine is carried on month after month until the patient has spent all his money or died. The instructions invariably given by these tricksters are that *no more* than the dose prescribed must be taken on any account. Neither must it be taken more frequently than ordered. Then nobody must be allowed to touch it but the patient, and it must be kept out of the way of children. All this is necessary when opium is given as the remedy for the opium habit, but it is *not* necessary with the double chloride of gold as prepared by me. It can be taken by any one. If the patient thinks it necessary he can take an extra dose at any time. It can be taken every hour in difficult cases, and I have given it as often as once every half hour for days together. The patient can depend upon the double chloride of gold always and invariably, and he had far better take a few extra doses than omit any of those regularly prescribed.

BATHS.

A valuable feature of home treatment is that of bathing. As a general rule I recommend a bath once a day in water sufficiently hot not to be uncomfortable, and after each bath the body should be vigorously rubbed with a flesh brush or a hard crash towel. It is not enough to simply *dry* the body; it should be rubbed quickly until it is in a gentle glow. When the patient has been in the habit of taking regular *cold* baths, he may continue them in place of the hot, but the body must always be rubbed as above described. If vapor, sitz or Turkish baths can be easily procured they may be used, but always with care and not too frequently, and not oftener than twice a week.

It frequently happens that patients omit the bath as often as possible, partly from the inconvenience attending the operation and partly because the necessary equipment is not always available in private families. When this is the case, the sponge bath should be used freely,

followed by the rubbing process. This frequent bathing of the body opens the emunctories of the skin for the elimination of the poison and promotes health. Pains in the limbs are often relieved by it and it is a producer of restfulness and sleep.

EXERCISE.

It is not possible for a patient to get too much exercise. The muscles of the legs are the last to give out, and he can walk when he feels unable to do anything else. Walking is the best method in which exercise can be taken, and is always available. If, however, the patient is too weak, he should be driven out every day in an open carriage. Walking should not be confined to a short stroll of a few hundred yards, but should be persisted in as often and as long as possible. If it can be done, several miles should be traversed at a time, and the exercise pushed to the point of fatigue. The patient will find great advantage in doing this and it will facilitate his cure. It is often difficult to get morphine eaters to exert themselves at all. Too frequently they are inclined to sit or lie down and wait for developments. Their lack of will-power predisposes them to this, and when they are under medical treatment they are apt to rely wholly upon the remedy and make no effort to help themselves. The double chloride of gold gives will-power in a very few days and the patient should then use it to the best of his ability. One patient said that he could not "see any sense in walking a mile or two unless he was going somewhere or had some business on hand." He did not apprehend that getting cured was a very important "business," and needed constant attention. It is time and health gained to take long, fatiguing walks as often as possible. In the summer time light garden work is very healthful. Hunting, rowing and other athletic exercises are always beneficial when the patient is strong enough to avail himself of them.

DIET.

The morphine eater generally has no appetite for food. At the commencement of treatment he should take Valentine's meat juice, strong beef tea or chicken broth. His food should always be plain and nourishing. Fancy

dishes should be avoided. Hot pickles, spices, mustard and similar condiments should not be allowed. A good, wholesome diet is all that is necessary. When there is an entire absence of appetite, Valentine's meat juice will be found very valuable, as it will give support to the system and at the same time act very beneficially upon the stomach. In some cases ale, stout or porter can be taken in moderate quantities, but only while the patient is without an appetite, or when he is very weak. My remedy usually brings a desire for food back again in from one to two weeks after commencing treatment. He will then be hungry all the time. It will be almost a craving with him, and he will not be able to satisfy himself with regular meals. At this time great care should be used not to injure the stomach, or retard recovery by eating anything at all injurious. As before observed, let the diet be plain and wholesome; eat slowly at table, taking care to masticate the food thoroughly, and do not eat between meals. During the winter months fish will be found a pleasant and nutritious food.

REGULAR HABITS.

Regularity in the performance of various duties will be found very helpful, especially in regard to meals and rest. Each meal should be taken at a given hour and the time closely adhered to. The patient should retire to bed early and at about the same hour every night. When the patient is not engaged in business or gives his whole time to the treatment of his case, he should have every part of it laid down and carried out according to a given plan or rule. The remedy *must* be taken regularly, and the exercise and bathing should each have their proper places in the day's treatment. If everything is done haphazard or just as it happens to suit the convenience, the whim or the memory of the patient, results will be slow and uncertain. He must make up his mind that he has an important work on hand that demands careful attention, and each part of it must be promptly carried out. He should avoid close, dull, dingy rooms as far as practicable, and get plenty of fresh, pure air and sun-light. If he can read, the literature should be light and interesting without involving much brain labor. His surround-

ings should be bright and cheerful, his mind should be employed in congenial pursuits, and his associations should be pleasant.

REDUCTION OF THE DRUG.

One of the most important features of self treatment is the proper reduction of "the drug" and extension of the intervals between the times of taking it. It does not make any difference what *form of opium* is used, whether it be the gum opium, morphia, laudanum, McMunn's Elixir, paregoric or any other preparation. Neither does it matter *how it is used*, whether by subcutaneous injection or by the mouth. Neither does *the length of time* it has been used make any difference. Neither does it matter *how much* is daily taken. These questions are of great importance when the method of treatment is to substitute one poison for another, or where opium is given as the cure for the opium habit. But according to my method they have no weight in the treatment prescribed. I have *cured* many patients before I learned how much they were in the habit of using daily, or the form of the drug employed. The gold has a distinct mission to accomplish and it performs it in every case.

For home treatment I can only recommend a plan of reduction and extension which will, as nearly as possible, suit all cases. It can be modified or changed to suit each individual case, and if the patient studies his treatment he will soon learn how to apply it to himself in the way which will bring him the best results.

Before commencing treatment weigh accurately the quantity of opium or morphine sufficient for one day's use: as soon as you begin treatment reduce this quantity exactly one-half, and let this be the maximum daily allowance for seven days; then reduce the quantity again one-half (leaving one-fourth of the original quantity) and let this be the maximum for the next seven days; then reduce it again one-half (leaving one-eighth) and let this be the maximum for the next seven days; then reduce it again one-half (leaving one-sixteenth,) and let this be the maximum for the next seven days; then abandon its use altogether. For instance, if the regular daily allowance is 12 grains, the system of reduction will be as fol-

lows: 6 grains daily for the first seven days; 3 grains daily for the second seven days; 1½ grains daily for the third seven days, and ¾ grain daily for the fourth seven days.

The system of extension can be commenced at the beginning of the third week when the patient reduces to 1½ grains a day. For instance, on Monday at noon he takes his regular allowance, 1½ grains. When Tuesday noon comes another allowance is due, but he puts off taking it as long as possible and manages to go without it until 6 o'clock in the evening. He has thus extended the interval 6 hours and gone 30 hours without morphine. He then waits until midnight on Wednesday, or another 30 hours, before taking his next allowance of 1½ grains. If he feels comfortable and easy he makes the next run 36 hours, which brings him to Friday noon when he takes 1½ grains again; then he waits until Sunday noon, making 48 hours, or an extension of 12 hours when he takes 1½ grains. At the end of the next 48 hours he only takes ¾ grain and then he makes a run of 60 hours and takes another ¾ of a grain. Again he goes 60 hours and takes, say, ½ grain; then he goes 72 hours and takes ¼ grain, and this is his last.

The above outline will be sufficient to guide the patient in treatment and plainly indicates my system. As before stated it can be varied, modified and changed to suit each case, but the general plan *must* be adhered to *in every case.*

Patients are apt to think that so great a reduction can not be made at one time without incurring severe pains. This is a mistake. If the remedy is taken regularly and other rules faithfully observed the patient can in most cases drop from 40 grains to 1 grain a day without suffering any special inconvenience. This can always be done when he is being specially treated, but in home treatment I advise a more gradual method of reduction. Unassisted by any medical agent, the reducing process becomes one prolonged agony of torture, but in conjunction with the gold remedy it is an easy, painless progress. At each step the patient receives recuperative energy from the gold treatment, enabling him to abandon "the drug" with comparative ease. In order to avoid unnecessary

pain, therefore, as well as to give the system preparation and strength for the task, it is always best to reduce and extend upon the principle I have given.

Some constitutions will be able to reduce the quantity more rapidly than others; each patient must determine the matter largely for himself. Whenever a reduction has been made, he must not allow himself to go beyond that quantity again under any condition. The rule must invariably be, let the MINIMUM of one day or series of days be the MAXIMUM of the next. Each reduction should be boldly made and the position maintained. Every point gained must be tenaciously held, and under no pretext whatever must a single iota of gain be given up. To go back again is only to make the cure harder and more difficult to accomplish; to hold on to the new position means one more link in the chain of slavery broken, one more step taken on the road to freedom. This thought cannot be urged too strongly on all who seek a cure.

GENERAL OBSERVATIONS.

Throughout treatment the bowels must be kept well open. Before commencing the remedy it is always advisable to take a full dose of compound cathartic pills. If the bowels run off freely they must not be checked up. It is the working off of the effete matter which has accumulated in the system, and as soon as that matter is expelled, the bowels will become regular and quiet. As a general rule morphine eaters are very constipated, and in some cases it is very difficult to get an operation of the bowels at all. I had one patient who had only averaged 3 motions of the bowels a month for over a year. Ordinary cathartics did not affect him in the least, and I had to resort to extreme remedies in order to produce the desired result. A day should never pass without an operation, and if necessary, compound cathartic pills should be taken every night before going to bed.

If at any time during the treatment there is an intense craving for opium or morphine, take a dose of the remedy, then a hot bath followed with a vigorous rubbing of the body; then a brisk walk. By this means the interval between the times of taking "the drug" may be lengthened out, and the patient will be strengthened.

It is important that the patient take *some* morphine before before he reaches a point of exhaustion. In lengthening out the interval he must not allow himself to break down in the effort to make a given number of hours. When he feels weak, or the desire for morphine is getting strong, or the pains in his limbs begin to manifest themselves, then he must seek the auxiliary treatment already indicated. At such times the remedy can be taken every hour and the hot bath and exercise must not be omitted. By these means the system will be sustained and enabled to tide over what would otherwise be a trying ordeal.

There are many phases of the opium disease and the victim is sometimes inclined to view certain symptoms with alarm, especially if he finds nothing like them mentioned in the books. But there is no cause for anxiety at all. Opium is the most insidious, subtle and deceptive poison ever discovered. It acts powerfully upon the human system, and with such peculiar systematic energy as almost to seem like a living thing. Where it once obtains a foothold it assumes a mastery. Attempt to dislodge it and there is war—bitter, relentless war. It will not be driven out by any ordinary means, and if you attempt it, the opium fills your whole body with unendurable tortures and compel you to relieve them with its own poison. If you bring a more powerful agent than itself, and seek to expel it from the system, it will not yield without a struggle. There will be strange and peculiar symptoms manifested now and again which are entirely new to the sufferer. They are simply the efforts of morphia to hold its victim. Suddenly there will come a sharp pain or an unaccountable feeling in its intensity. Let none of these symptoms distress you; they are the last efforts of a broken power to hold its sway, and continue its victims as slaves in chains. All that need be done is to follow directions, take the gold remedy regularly and every vestige of the opium poison *must* be expelled from the system, and you will be restored to the full strength of a perfect manhood.

In order to illustrate more fully my method of home treatment as well as for the convenience and guidance of those who contemplate treating themselves, I subjoin a

hypothetical case, a table showing how the home patient should proceed with his treatment.

PLAN OF DAILY TREATMENT.

A. B., in fair health; no organic disease; using morphine 15 years; takes 10 grains a day.

First day—7 A. M. remedy; 7:30 A. M. breakfast; 8:30 A. M. walking exercise, 2 miles and back; 9 A. M. remedy; 11 A. M. hot bath and remedy; 12 M. dinner; 1 P. M. remedy; 2 P. M. walk of 3 miles and return; 3 P. M. remedy; 5 P. M. remedy; 6 P. M. 5 grains of morphine; 6:30 P. M. supper; short walk after supper, remedy at 7 and 9 P. M., then retire.

2d day—7 A. M. remedy; 7:30 A. M. breakfast; 8:30 A. M. walk of 2 miles and return; 9 A. M. remedy; 10 A. M. hot bath; 11 A. M. remedy; 12 M. dinner; 1 P. M. remedy; 2 P. M. walk of 1 mile and return; 3 P. M. remedy; 4 P. M. walk of ½ mile and return; 5 P. M. remedy; 6 P. M. 5 grains of morphia; 6:30 P. M. supper; short walk in the evening; remedy at 7 and 9 P. M., then retire.

3d day—7 A. M. remedy; 7:30 A. M. breakfast, short walks at intervals during the morning; remedy at 9 and 11 A. M.; dinner at noon; rest after dinner; 1 P. M. remedy; 2 P. M. brisk walk 3 miles and return; 3 P. M. remedy and hot bath; rest until 5 P. M.; remedy; 5:30 P. M. short walk; 6 P. M. 5 grains morphia; 6:30 P. M. supper; exercise in evening; remedy at 7 and 9 P. M., then retire.

4th day—7 A. M. remedy; 7:30 A. M. breakfast; exercise at intervals all morning; remedy at 9 and 11 A. M.; dinner at noon; rest during first part of afternoon; remedy at 1 and 3 P. M.; walk at 4 P. M.; remedy at 5 P. M.; 5 grains morphia at 6 P. M.; supper at 6:30 P. M.; short walk in the evening; remedy at 7 and 9 P. M.; hot bath at 9:30 and then retire. This plan should be followed, changing the hours of exercise and bath as above indicated, until the close of the seventh day.

8th day—Remedy every 2 hours during the day. Meals as before. Exercise and bath at proper hours. At 6 P. M. 2½ grains of morphia.

9th day—Remedy every 2 hours. Meals, bath and exercise as usual. 6 P. M. 2½ grains of morphia. This plan should be followed until the close of the 14th day.

15th day—Remedy every 2 hours. Meals, bath and exercise as usual. 6 P. M. 1¼ grains of morphia.

17th day—Remedy every 2 hours. Meals, bath and exercise as before. At midnight 1¼ grains of morphia, making a run of 30 hours without any.

17th day—Remedy every 2 hours. Meals, bath and exercise as usual. No morphia this day.

18th day—Remedy every 2 hours- Meals, bath and exercise. At noon 1¼ grains of morphia. making an interval of 36 hours.

19th day—Remedy every 2 hours. Meals, bath and exercise. At midnight 1¼ grains of morphia, making 36 hours again.

20th day—Remedy every 2 hours. Meals, bath and exercise. No morphine.

21st day—Remedy every 2 hours. Meals, bath and exercise. At noon ¾ grains of morphia, making 36 hours again.

22d day—Remedy every 2 hours. Meals, both and exercise. At midnight ¾ grain of morphia, making 36 hours again.

23d day—Remedy every 2 hours. Meals, bath and exercise. No morphine this day.

24th day—Remedy every 2 hours. Meals, bath and exercise. At midnight ¾ grain of morphia, making 48 hours.

25th day—Remedy every 2 hours. Meals, bath and exercise. No morphia.

26th day—Remedy every 2 hours. Meals, bath and exercise. No morphia.

27th day—Remedy every 2 hours. Meals, bath and exercise. At noon ½ grain of morphia, making 60 hours.

28th day—Remedy every 2 hours. Meals, bath and exercise. No morphia.

29th day—Remedy every 2 hours. Meals, bath and exercise. At midnight ¼ grain of morphia, making 72 hours. This is the last morphia that need be taken. The remedy should be continued for one or two weeks longer. If the patient is constipated, the compound cathartic pills must be used freely. Valentine's meat juice and ale, porter or stout may be taken at intervals if necessary. Never hesitate to make a reduction or to extend the in-

terval between the hours of using the "drug," and never take any *extra* morphine under any circumstances. The above table will furnish a good guide to follow. The hours can be changed to suit the condition of the patient and his domestic arrangements, but the general plan or idea must be closely observed.

With this system a cure can be easily effected in one's own home without the personal aid of a physician, and without any one knowing that he is being treated at all. It does away with a great deal of unnecessary expense, trouble, annoyance and publicity. Hitherto it has been practically impossible to accomplish this for two reasons —First, there was no remedy adequate to the necessities of the case. This has been abridged by my discovery of the therapeutical action of the double chloride of gold and its successful preparation as a perfect remedy for the opium disease. Second, there was no complete and appropriate plan of home treatment, as but few understood the needs of the opium patient or what was necessary to be done. This has been entirely overcome by my method of reduction and extension, which has proved to be the only proper and available manner of treating the opium and morphine habit at home.

Hundreds of cases treated and cured at their homes fully attest this, and clearly demonstrate the fact that it is not necessary for the great majority of patients to place themselves under special treatment. Treatment at home necessarily occupies more time, but the result is uniformly certain. Usually it requires 30 days to reach the point at which the drug can be abandoned, and it takes about 6 weeks to fully complete the cure. On an average it takes 6 bottles of the gold remedy to cure each case under self-treatment.

I make no distinction in patients as regards the manner or quantity of "drug" employed. My system is alike applicable to all. If the patient uses 2 grains or 20, 40 or 60 grains a day it makes no difference. My plan is the same in all cases. Neither do I care whether the patient uses the gum opium, the sulphate of morphia by the mouth or by subcutaneous injection, or whether he smokes the opium pipe. Every possible kind or degree

of opium disease will yield to the powerful agency of the double chloride of gold.

It will be of interest to the reader to give a brief outline of a few cases which have been thus treated. They are taken from a large number and are not selected. They are consequently typical of the general run of self-treatment cases. Names are not given as I have no authority to use them in this way, the information here given being taken from their correspondence. As far as possible I have used the patient's own language.

CASE ONE.

Mr. W., a lawyer, took sulphate of morphia by the mouth, 8 grains a day, and used alcoholic liquors to excess. Commenced treatment at his home July 6th, 1881.

July 6th. Took the remedy every 2 hours. A hot bath in the morning. Worked in the garden during the day. Took 4 grains of morphine at 8 P. M.

July 7th. Slept well all night before. Had no pains to speak of. Took remedy as on previous day; went out walking and riding. At 8 P. M. took 4 grains of morphine.

July 8th. Slept well all night. Quite comfortable in the morning. Cannot recognize any desire for liquor and very little for tobacco. The whole craving I think is for morphine. I first took a dose of Rochelle salts as I did not have the pills, but as soon as I got them I took two, and two more last night, and this morning had the first operation in 4 days. Feel much better. At 8 P. M. I took 4 grains of morphine.

July 9th. Took remedy as before; a hot bath in the morning. Went out rowing in the afternoon. Bowels open. Took 2 grains of morphine at 8 P. M. No liquor to-day and no desire for any.

July 10th. Remedy as on previous days. Bowels regular. Appetite good. Reduced the morphine to 1 grain at 8. P. M.

July 11th. Had a good night. Continued taking remedy every 2 hours; hot bath in the morning and one in the afternoon. Went out riding and did some work in the garden. Bowels regular. No appetite for alcohol and but little for morphine. Took ½ grain of morphine at 8 P. M.

July 12th. 7:30 A. M. This is my 7th day. I have succeeded in getting through the night on the ½ grain. At 3 P. M. I passed the crisis and slept well till 6 o'clock. I then got up, took a dose of the remedy, a bath and some exercise in the garden, and I am just now going to breakfast for which I have a hearty appetite.

July 13th. Took my remedy every 2 hours all day. Mowed some grass for my horse and took riding and walking exercise. A hot bath in the morning and one in the evening. Am hungry nearly all the time. Did not take any morphine to-day.

July 14th. Slept badly last night. 7 A. M. I have now gone 61 hours and have successfully passed one paroxysm of craving. I feel no craving now. Hallelujah! But perhaps I am not out of the woods. Took my usual baths to-day and plenty of exercise. I drove into the country after celery plants and spaded ground for them and mowed.

The patient did not take any more morphine at all, and gained in health every day. On Sept. 4th he said, "I am steadily on the gain so far as health and strength are concerned; am regular in eating, sleeping, &c., and have a good appetite and sleep like a baby. I get up in the morning with a craving for breakfast that is simply ravenous. I can hardly wait till I am dressed. I think it is better thus than to *force* an appetite by taking down half a pint of whisky. I have no fear of ever taking morphine again.

This was a case of morphine eating, and alcoholism combined. The desire for liquor was destroyed in two days, and in six days he took his last dose of morphine. He only used two bottles of the gold remedy while under treatment.

CASE TWO.

Mr. H., a merchant; was taking 4 grains of morphia a day. Commenced treatment on the 17th of June, 1881.

June 7th. Reduced daily allowance to 2 grains. Took remedy every 2 hours. Some out-door walking exercise but mostly in the store.

June 18th. Continued taking the remedy. Took a sponge bath at night. Took 2 grains of morphine at night. Did not have any pains all day.

June 19th. Slept well last night. Have a good appetite. Remedy every 2 hours. Exercise chiefly in the store. Got a hot bath in the afternoon. Took 1 grain of morphine at night.

June 20th. Felt so well I determined to make a break and quit. Took remedy every 2 hours; went out riding twice and got a hot bath in the evening. Took ½ grain of morphine and made up my mind to begin the extension process on that, and continue extending indefinitely.

June 21st. Had a good night's rest. Ate a hearty breakfast this morning. Followed up treatment all day. Am extending the interval and consequently no morphine for me.

June 22nd. Am all right this morning. No pain. I think I am through with morphine and shall try and go through the day.

June 23rd. Have not taken any morphine yet. I take the remedy every 2 hours through, and follow directions as close as possible. I believe I am cured.

June 24th. I shall not need any more medicine nor any more morphine. I am getting better every day, and I never think of the accursed "drug" without a shudder. What an escape!

Subsequent letters informed me that he was completely cured, and was robust in health, and able to do more work in a day than he could formerly in two.

CASE THREE.

Mr. D., a manufacturer, had been using sulphate of morphia; 25 grains a day; was in bad health; suffered from a lame back, kidney troubles, bowels sore and tender; also diabetes. Commenced treatment March 2nd, 1881. Patient reported irregularly.

First report was on March 6th. I commenced taking your medicine last Wednesday morning. I cut from 12½ grains to 1 grain next day and have kept it up until this time. I have not felt any craving for the drug, with one or two exceptions, then not bad, but felt all right. Slept pretty well but not first rate, although I had no pain at night. I have had a bad cold on my lungs ever since I started in, which I suppose makes me much weaker.

When I make my next cut I think I can put it to a ¼ of a grain twice a day. Will it do for me to cut so fast? If so, after the ¼ grain cut I shall cut the whole thing. I have not much appetite yet.

Second report, March 14th. I am doing pretty well, and am now taking about a ¼ grain twice a day, morning and night. Have been taking this quantity three or four days. Shall cut once more in two or three days. I am rather weak and do not get strength as fast as I would like. I was not well when I commenced taking the cure having a very bad cold and cough on my lungs. My back and spine are so lame yet that I cannot use a flesh brush at all, but I use a coarse towel as much as I can. My appetite is improving, and my bowels and kidneys are working better; in all I feel quite encouraged.

Third report, March 21st. I am now taking same as when I last wrote. Will be time to cut again on Wednesday. I get along very well with this little quantity, but I have been twice very near getting quit of it entirely. My back still hurts me some, but altogether my health is very much improved.

Fourth report, March 25th. Night before last I took ⅛ of a grain on retiring, and then went 24 hours without any; but was feeling badly last night, so took another ⅛ of a grain.

I do not expect to take any more of the drug if it can be helped. It is astonishing how little will quiet me now. Bowels and kidneys are improving. Yesterday morning the bowels moved of their own accord very nicely, which is quite an unusual occurrence with me.

Fifth report, March 30th. I have been three days without morphine, and have no desire for it at all. My back and spine are still weak, but improving. My general health is good, and my appetite is first rate.

Sixth report, April 7th. I am doing nicely now; took last morphine ten or twelve days ago and I am beginning to get stronger; sleep better and do not have any pain. My back is getting stronger all the time.

Later correspondence informs me that he has continued to improve and has never had any more desire for morphine. This was a remarkable case from the fact that the patient was in such bad physical condition when

he commenced treatment, and also because of the quantity used each day. He commenced treatment on March 2nd and stopped the use of morphine on the 27th. He took three bottles of the double chloride of gold.

CASE FOUR.

E. W., 51 years old; in average health; using 6 grains sulphate of morphia daily. Commenced treatment on December 22nd, 1880. Did not send regular reports.

Dec. 31st. Last night I reduced my daily portion of morphine to 2 grains, and suffered no inconvenience, much to my surprise. So far I have had no trouble at all. I have not had any pain anywhere. One night I lost some sleep, and one day the medicine produced some nausea, which soon passed away, leaving me in good condition. I now take the medicine regularly. Find I cannot take more than one hot bath a day and may have to omit that some times.

Jan. 7th. I made another reduction last night, this time to ½ grain. I can now take full doses of the medicine all the time and I sleep better. My general health is good and I think I am making splendid progress.

Jan. 12th. I have been 48 hours without taking any of the "drug" and I think I am all right now. I have had no inconvenience at all so far, and I have no further use for morphine. It seems wonderful how easy it has been for me to quit. I still take the remedy every 2 hours.

I have heard from this patient since, and learn that he never took any more morphine. He finished the remedy he had on hand, making 4 bottles in all, and has since been in excellent health.

CHAPTER XVIII.

EXPERIENCES OF RECENT OPIUM EATERS.

This and the two following chapters of experiences have been written by former morphine eaters themselves and are full of interest. They have never been published before, and present truthful and accurate pictures of the opium habit which should be carefully studied. Doubtless thousands of victims could tell similar stories of misery and woe, and I have in my possession a large correspondence full of details of the same character.

These cases were written for this work at my request, and are typical of the majority of the great army of victims of morphine.

Dr. B———, a regular physician residing in Texas, wrote for a pamphlet on the opium habit, about one year ago. It was sent him, and, having ordered my remedy, he wrote a series of letters describing his case and giving his experiences in such interesting terms that I have decided to make the following excerpts from the correspondence. The state of despair and ruin produced by the opium habit have seldom been portrayed so vividly:

Jan. 19th. "Unhappily a great many of the victims of opium disease are reduced to poverty before they know where they stand, or begin to look for help; and hundreds have been brought to poverty by *frauds* calling themselves "Doctors" and beguiling the poor wretches with solutions of morphia at fearful prices. One who thus styles himself, and who was, I think, the pioneer of these morphine dealers, got three or four hundred dollars, (may be more) out of a poor old man in this county, and then, of course, when the *money* failed, left him, as to the habit, exactly

where he found him; and to this day the poor old wretch is consuming about four drachms of opium daily. The poor old fellow has sold property, piece by piece to gratify the craving for opium, or to pay for the "antidote," until now he is well nigh an object of charity. I myself have been beguiled of a large amount for so-called "antidotes." It is the old story of the poor drowning wretch clutching at a straw.

I fear in my case, after so long a time, there must be structural disease in the brain, degeneration of tissue, &c., &c., which, even were the cause entirely removed, would still leave *incurable* damage. At my age (63), the brain would naturally begin to weaken, and then such long abuse superadded, I don't see how it *can* recuperate. That I have been absolutely *insane* there is not a shadow of doubt, and at divers times, driven by my sufferings, I have been on the very verge of suicide. Were I to continue writing both day and night for a week I could not then fully relate the unutterable torments I have gone through. Once, I was a prosperous, respected man; now I have lost property, health, character, money, *everything*. I expect to die a pauper and in debt, and leave to my family nothing but the heavy cloud that hangs over my name.

"Once I looked upon opium as a '*magnum donum Dei*' for the alleviation of human suffering. *Now* I regard it as a deadly *curse* to the race, and believe it would be a blessing if the seed of the cursed poppy were destroyed utterly and lost from the face of the earth. The curse of *alcohol* is mostly intermittent, allowing its victims some intervals of rationality, and frequently long intervals; but that of *opium* is perpetual. the victim never *can* stop—he *must* go on, or suffer the torments of the damned until death releases him. I would like to warn medical practitioners against that trouble-saving but insidious instrument, the hypodermic syringe. How many patients have learned the trick of that instrument, and learned it to their own ruin! How many poor women and helpless innocent children have been brought down to poverty and actual beggary by it? The drinker of alcohol does, *sometimes*, come to his senses, go to work at his calling, and make something, however little; but the opium eat-

er *hardly ever*. He sinks deeper and deeper, faster and faster until he becomes simply a breathing corpse, a burden to himself and a curse to all connected with him. Such, at least, is my experience.

Sometimes I am inclined to give up in despair. Financially and *socially* I am utterly and totally ruined and d—d for good and all, beyond any hope of recuperation, and but for the labor of my son on my poor little farm, would not have bread to eat. I am absolutely at the mercy of others. To a man of a once-proud spirit this is intensely galling. All my former friends have dropped off one by one long ago. In such a case what is life worth to any man? And the longer it continues, the worse it becomes. If this is not hell upon earth, I cannot imagine what is!

"Away out here, remote from civilization, it is hard indeed to find any but the very commonest medical talent, and the most superficial advice. As to treating the opium disease, all the doctors in this part of the State are in absolute darkness. They dont know one solitary feature of it, but are as ignorant of it as the horses they ride! Graduating at local and inferior medical colleges, what *can* they know beyond the uses of calomel, quinine and a few other drugs."

Jan. 26. "As soon as I can get the box from the express office (90 miles), I shall commence taking your remedy as directed—though, I must add, with a faint heart. I do not, for a moment doubt your skill nor the utility of the remedy. But, when cured, what shall I be fit for? Old, broken down, sunk in poverty and debt to the very lips by the accursed drug, what use can I be to anybody in any station? The past ten years are *gone* and *wasted*, and all my property, my faculties, mental and physical, *everything* of value in life has gone with them, and here I am, a miserable, helpless, useless wreck! It is such reflections which excite suicidal tendencies. When a man who has been prosperous, respected and useful finds himself stranded on the shore of life, actually an object of aversion to all around him, what *can* he do? How *can* he bear the woful consciousness that his own folly has done all this? Looking back over past years to days when he was honored and successful and far above all fear of want, what wonder if the suffering is too much

to bear and he seeks the only exit from such a state of misery that is left him? Despondent and wretched as I am I will yet wait to see what your remedy can do for me, faithfully taken."

Feb. 3d. "Medicine not yet received. When I get it I shall try to obey your directions, for God in Heaven knows that I am tired of my slavery, and bowed down to the very dust in humiliation and shame when I think of my wasted years and means, and my ruined family. Some times I almost become wild with excitement and remorse when all this rises up before me. I have acquired a profound contempt for myself, and believe I do *really despise* myself more thoroughly, (if possible), than anybody else does. Only to think of business, duty, labor, family, all lost sight of, neglected, let go to destruction for ten long years—it is enough to make everybody hate me and despise me, as I am assured they do, and cause me to hate and despise myself.

"I do not doubt your skill one minute, but I do consider myself too utterly crushed down, too completely degraded ever to hold up my head among men again or presume to do business with them. Everybody about here knows my history, how I have wasted my life and brought my family to ruin, and I could *never* go among them and hold up my head again. I feel as though I no longer have the right of equality with others that I once had. Sometimes I lose a whole night's sleep revolving all these things in my mind. Often when I see persons approaching who were once my friends, I manage to get out of sight, to avoid recognition. I cannot forget what I have been, and the comparison with what I *now am* overwhelms me, so that I would sink into the earth, if I could, to be out of people's sight. They regard me as sunk down beyond all hope or possibility of resurrection, and would count it a *miracle* to see me returned to soundness both mentally and physically. The people around me are full of their various business—I alone am without occupation, avoiding the walks of business, my life a dead, stagnant waste.

"Even in my own house and in my family I am simply a *cipher*. Nobody notices my movements or would miss me if I died. It is simply a sort of living death. Once I

was all action, life and energy; now dull, apathetic, despondent; cut off from human sympathy and utterly isolated. Your letters have been like an electric shock, rousing me up to speak, and leading me to reveal what had been so long pent up in my own breast.

"One in my condition gets little sympathy. Men say, 'he ought to stop,' &c., as though he *could* stop of his own volition, and regard him more as an offender against society, than as a helpless victim, bound hand and foot with bands of iron. I have borne the most unfair comments and insinuations from people utterly incapable of comprehending for one second the smallest part of my suffering, or even knowing that such could exist. Yet they claim to deliver opinions and comments as though better informed on the subject of opium eating than anybody else in the world. I have been stung by their talk as by hornets, and have been driven to solitute to avoid the fools.

"I am glad that you are thinking of establishing a sanitarium at Dwight for the victims of opium and alcohol. It is not creditable to the profession that the true remedy for these diseases was not sooner discovered, but the search involved trouble, midnight study, microscopic investigation, &c., and therefore it has been neglected."

Feb. 7th. "Have just received the medicine. My mental condition just now is miserable beyond description. The spectacle of an innocent family brought down from comfort and respectability to pinching poverty by my own vice and folly and weakness. is ever before me. I feel that my family would have done better if I had died ten or twelve years ago. This despondent feeling seems to increase, and God knows there is cause enough for it. All the evil I have wrought, all the ruin I have caused these ten years, rises up against me. I have but small hope of cure—I tell you this candidly. The clouds seem to gather around me, darker, blacker, every day. Some days the suicidal impulse comes on me so strongly that I can barely resist it. A fear of making matters in some way worse for my family has restrained me so far. Oftentimes I envy the very criminals in the penitentiary, who enjoy physical and mental health and are not tortured by remorse of conscience. Had I ruined only myself I could

endure it better, but I have dragged my wife and children down with me—there lies the sting of it!"

Feb. 10th. "I began taking the remedy on the 7th inst. and at once cut down my doses of opium one-third. Physically, I do believe, the medicine has already helped me, and that in a week or two I can wholly abandon the drug, but mentally my condition is superlatively miserable. I fear there is an inherited tendency to insanity in my blood, which will make my complete cure impossible. The spectacle of a wife, son and daughter all struggling with hard, grinding poverty after once living in affluence, tears my very heart strings, when I remember that it is all caused by my fault, my folly and my sin. Every friend and neighbor I once had was alienated long ago. Even my own family are necessarily estranged from me. They tolerate my presence because they must, but I can see that all feeling of respect is worn out long ago, and I can not blame them. I have neglected my duty to God, to society and to my family—I have squandered thousands that should have been saved for them—and *all* through that vile, cursed drug. No wonder people shun me and look on me with aversion. I have given them abundant cause to do so.

"I was not raised to work; would to God I had been! for then I might, when cured, do something for my own support. I was, unhappily for me, 'a gentleman's son'—raised up in that grade until 18 years old, and then by hard fate was thrown upon the world 'my own master.' With a highly sensitive brain and nervous system, and a feeble, delicate, almost feminine frame, I was the victim of all sorts of torments which more robust men would have laughed at. I never had self-assertion—or what is now called "cheek"—and I think it was the lack of self-confidence which first drove me to opium."

Feb. 14th. "Am deriving benefit from the remedy—doing well physically. Mental torment, that of which I have before written at such length, is the great trouble. My wife is one of the best of women, but I, miserable wretch that I am, have ruined her life, broken her heart and brought her down to miserable want. That she still lives is a wonder, after all I have caused her to suffer. Had the first dose of morphine killed me it would have

been a God's blessing to her and her children. I could not write down in a week all the misery, shame, suffering, degradation that opium has brought on me and my innocent family. As to society, I am totally isolated—like a diseased limb which has been severed from the body. No doubt I talk and write incoherently. My mind is in such a state that I cannot help it."

Feb. 18th. "Since my last, I have cut my diurnal dose of *poison* down to one *minute* piece per diem, and now undertake to "fight it out on that line" until I either conquer or die. God knows it would be a supreme happiness to me if by the publication of my experience I could save even one unfortunate from the deadly pit into which I fell. I owe that much to suffering humanity, and I also owe it to you, to let other victims know where to look to seek deliverance; * * * Had I followed some other walk in life than the practice of medicine I might never have handled opium. Seeing the quick relief it gave to patients first led me to tamper with it myself. I have known many doctors to fall in just that way. It would be a grand thing to teach men, *and women too*, to approach the insidious drug with as much caution as they would the rattle snake in his deadly coil, and *never* to put themselves in its power except under direst compulsion, backed up by professional advice. Why do not the temperance lecturers now so numerous and "eloquent" pass now and then from their vivid pictures of the horrors of alcohol, to speak of the more deadly, because more secret, monsters opium and chloral? Whisky permits its victims to stop now and then and rest and recuperate nerves and brain, and to work; but opium *never*. Day by day, night by night, the deadly work goes on, until mental darkness or merciful death closes the scene forever. No land, no region is exempt from the opium curse, and its victims are chiefly of a kind that society does not willingly consent to give up to death."

Feb. 28th. "The medicine has killed the craving for opium, and I have put *that* away *in toto*. Unhappily the opium trouble is not my only one—some other affairs worry me by day and break my rest by night."

March 3d. "As soon as I get over my nervousness, and am able to sit at my desk and compose—which I do rap-

idly in my normal condition, and to handle a pen with ease, I will furnish you a statement which will *compel* the respectful attention of "professionals," and light up once more the flame of hope in the bosoms of unfortunates who may be crying aloud, as I was, 'who will deliver us from this body of death?' After having been dragged up from the very gates of Hell itself, after having had the pistol loaded to blow my own brains out, and been led to forego my rash purpose by your promise of deliverance, and after finding the promise fulfilled *ad literam*, I claim a *right* to testify on the subject, and would be a miserable, ungrateful wretch should I fail in that duty, for it *is* a duty and shall be performed."

March 10th. "I do not know that, with just one exception, I was the most pitiful, miserable, abject slave of the accursed drug that could be found upon the soil of this broad state. Your remedy *set me free. Not a doubt of that*, and, as in duty bound, I propose to praise the bridge that carried me over. One could not well do less.

"Why is it that practitioners, as a rule, have never made a study of the opium disease? It *is* a disease, as much so as gastritis, pernicious fever, or any other ailment they are called upon to treat. Yet you hardly ever meet one who knows, practically, anything about it. Ask any one of them how to deal with it, and he will tell you, 'Oh! that is very easy; you must *reduce your dose* so much every day, until you finally get it down to nothing, and then quit it.' Just as though any opium eater that ever lived would, of his own volition, cut off the quantum of the one sole thing that enables him to stand upright, to walk, talk, eat, read, etc., in a word, the agent which keeps the breath of life in him, and without which he would probably die in horrible torment. Why! they might as well tell the north wind to stop blowing as to tell an opium eater to stop short of a given degree of stimulation, unless they give him something that will tranquillize the nervous system, or overcome, in some manner, that wretched, miserable craving during the absence of the habitual stimulus. That is precisely what your remedy does. It keeps life in the patient while undergoing the reduction of his dose."

From this time forward the letters are wholly free from

those dark colors and tones of despair which were before so prominent. They grow bright, and cheerful, discuss current topics and relate personal experiences, and plainly exhibit the infinite difference between the thoughts and feelings of a ruined slave of opium, and one lifted from the abyss and set at liberty.

CHAPTER XIX.

THE MORPHINE-LIFE OF A LAWYER LIVING IN NORTHERN ILLINOIS.

While in my sophomore year in college I read DeQuincey's Confession of an English Opium Eater and also his later utterance, Suspiria de Profundus. The first essay kindled within me a desire to experience for myself the grand dreams to which the drug gave birth in him. The latter did not warn me—I had not the remotest intention of becoming an opium eater, nor could a special divine revelation have then made me believe that *my* sighs would ever ascend from the midnight depths. I procured one or two grains of crude opium, and took it "just for fun," as I should have then said.

The effects were delightful indeed! I had plucked the fruit of a forbidden tree, but it was very sweet to the taste, and seemed to open my eyes. I did not know that with the first taste, there was thrown lightly around me a coil of the serpent whose folds were at last to envelope me with rings of terrible strength. From time to time I repeated the experiment, but at considerable intervals. It seemed to me that I had found a new source of mental inspiration, and that I need no longer be dependent on whatever fickle god or goddess it may be which presides over the mind and directs its varying conditions.

Simply by swallowing a small lump of opium—or a minute powder of morphia, which I soon came to use generally, instead of gum—I was (or rather *believed* that I was) lifted up into high regions of intellectuality and had vivid imaginings. I therefore gradually came to use morphine when pressed by literary work. In time, I had

frequently to address public meetings extemporaneously and I found that a small dose of the drug took away the nervous embarrassment, and enabled me to face an audience without physical or mental tremor. I did not perceive, till afterward, that the influence which prevented preliminary trepidation, also prevented that natural, healthy and fruitful excitement which enables a speaker to "think on his legs," take advantage of the varying moods of his listeners, and to throw into his speech all the weight of his individuality and character. A speaker whose oratory is inspired by morphine may indulge in what are called "flights of eloquence" and thus astonish "the ears of the groundlings"—but, if not

"Full of sound and fury
Signifying nothing,"

it will be more ornamental than useful; it will exhibit more display than power and effect.

It was ten or twelve years before I began to be alarmed on the subject of my morphine eating. Even at this time I only used it two or three times each week. Its effects still lasted for a considerable time. The first and second days after taking, say of a drachm of laudanum or its equivalent of morphia, I would feel no desire to repeat the dose. I was usually quite drowsy during the day after taking it, but the next day would, as I thought, feel naturally, and it was only on the succeeding day that I would begin to feel as though another dose of the opiate would be agreeable. I was deceived by the intervals, not then knowing that the poison extended its influence through those days of apparent freedom. I imagined that I could entirely cease the use of the drug if I pleased, because I did not feel obliged to take it every day.

At last however, having become uneasy on the subject I made such arrangements that I could devote myself almost entirely to physical labor for a while. and resolved to use the time to abandon the habit. For two months I did not take opium in any form, and the amount previously taken at a dose not having exceeded, and being usually less than two grains of morphine, and as I could go to bed each night tired out with physical exertion, I suffered no noticeable inconvenience.

But as soon as I began to have leisure I found that I

was not cured. The craving for the opiate again manifested itself. It was not a painful demand, an outcry of nerves and muscles and the whole body for the poison, but simply a hunger for the mental stimulation effects of the drug. It did not make morphine seem an enemy whose fierceness must be placated, but a friend whose modest request there was no sufficient reason to refuse. It is in this way that the victim of the opium habit becomes a helpless captive before he is aware. The evil spirit of the drug hides its strength and touches the doomed one gently until it has made its grasp sure, then claws protrude from the soft hand and clutch the captive with a grip which he can have little hope of breaking. I resumed the use of morphine, taking it at first at the former intervals, but soon came to use it every day.

It is because of my own experience that I distrust all alleged "cures" which are said to be brought about either by gradually reducing the amount of the dose, or by stopping its use at once. There could not be a more favorable case than mine. I was as strong, and in as good health as was possible for a man of good constitution to be, under the circumstances. I ceased to use the drug for two months and did not suffer the least inconvenience from so doing; but at the end of that time my craving to experience the opium intoxication was just as strong and just as irresistible as when the period of abstinence began.

From the time I began to take daily doses of the drug my bondage was confirmed. This was over ten years ago. The quantity taken was gradually increased until, for the last four or five years of my "bondage in Egypt," I took each twenty-four hours and usually in a single dose, from fifteen to twenty-five grains of the sulphate of morphia. I did not usually measure very accurately, but during the last year or more one drachm bottle of morphia lasted me not over three days, and often less.

By the time I had reached five grains I was forced to admit to myself that I had become an opium eater. The fact is, doubtless, that notwithstanding the intervals between indulgence during the first ten or twelve years, when I seemed to myself to be only toying with the monster and could escape from him when I would—I was, in

fact, a slave almost from the first dose. The tiger was toying with *me*—allowing me short runs of seeming escape—before it should make me feel the piercing of its fearful fangs.

During three or four years after I had confessed to myself that I had joined the sad ranks of the vast army of opium eaters, I made several efforts to find some way of escape. I took several bottles of a so-called "painless cure," or "antidote." This was a reddish mixture, tasting like glycerine with a tinge of bitter. For a while it took the place of morphine, but any need for extra exertion in my business. or any special vexation, or increased responsibility, sent me to the morphine bottle again. Whenever I ceased to use the nostrum after taking it for a few weeks, I found increased doses of morphine necessary to sustain me.

A year or two later I learned that a firm of manufacturing chemists in Chicago were preparing a compound elixir of nux vomica which they recommended as a remedy for the opium habit. The patient was directed to dissolve a quantity of morphine in the preparation, equivalent to about three-fourths of the usual daily ration of the drug in each four doses of the liquid, and take four doses of the mixture each day. While taking this preparation I could reduce the quantity of the opiate to some extent without much difficulty, but all efforts to get below from six to eight grains in twenty-four hours was useless. There is this to be said in favor of those who manufacture this elixir, one knows what the agent relied on is, viz: nux vomica, and also knows that he is taking morphine and not some pretended "antidote" whose principal efficacy is to disguise the morphine which it contains in large quantities. I became absolutely satisfied that the "painless cure" nostrum which I had been taking had for its active agent—if it had any active agent—some preparation of nux vomica or else quinine, which disguised the effects of morphine sufficiently to deceive the patient and cause him to believe that he was not taking any form of opium, and to continue to order fresh bottles of the nostrum. My own experience convinces me that these so-called remedies are worse than worthless for the cure of the opium habit. Like the "painless

cure" the compound elixir seemed to create an increased appetite for morphine, so that my last state was worse than my first.

The trial which I made of the compound elixir of nux vomica was quite thorough, and when the inevitable failure came I was quite discouraged. During the years of my subjection to its power, the drug had been accomplishing in me its evil work. All pleasant exhilaration from its use had long since ceased. The drowsiness which, at first, did not make its appearance until eight or ten hours after taking the daily dose, now came on in half an hour, and for from one to three hours I would sit dozing, half asleep, thinking or dreaming of nothing definite or of any importance. Exertion became more and more distasteful. Business was postponed, and responsibility avoided. Ambition and the desire to accumulate were paralyzed. I shrunk from attempting any new enterprise, and seemed unable to bestow upon anything continuous thought. Under the pressure of excitement I could think and work with ordinary ability, but during the periods between I lived a torpid existence. I continued to read considerably—using one eye for hours, when morphine had rendered me diploptic—but what I read was not assimilated as formerly and I did not increase in knowledge in proportion to my reading. At length I came to shrink from taking up any book except some work of fiction. I seem to have been an instance of arrested development. The promise and the hopes of my earlier years were unfulfilled. I was gradually being crowded to the outside of the compact mass of those who are in the centre of activity and who are pressing forward with all their energies to win the prizes of life.

Society became distasteful to me and I avoided meeting even my most familiar friends. One principal reason for this was that I was perpetually conscious of my slavery. I did not show marked outward signs of the habit which was destroying my life, but the fact of its existence left my consciousness for hardly a moment. I could not respect myself. Much less could I assert myself, for I knew that, at any moment, my shameful secret might be discovered or revealed. This perpetual feeling of shame, causing loss of self respect, is an effect of the

opium habit which, so far as my own case is concerned, was worse than any physical one. I never laid down at night, for at least ten years, that my morphine trouble did not at once come into my thoughts—as though it had been a tormenting imp more malicious than Poe's Raven, perched ever in waiting upon the bed's head. Regrets for the past, resolutions of resistance and escape for the future repeated themselves over and over again in my mind, and beneath all was the ever-present consciousness of secret weakness and concealed disgrace.

About a year ago I found myself wondering if the best way out of it all might not be to take some short route to the long sleep. Although I did not seriously debate the question with myself, I could perceive that my mind was growing morbid, and I could not but know that even the faint signs indicated pointed to the possibility of a sudden and desperate end. All the other phenomena which I have mentioned were now much more violent than ever before. I felt that a crisis of some kind could not be long delayed, and I had little reason to hope for anything good. It was about this time that my attention was called to the double chloride of gold, as prepared by Dr. Leslie E. Keeley, for the cure of the opium habit. A year before, on learning that he was successfully using this agent as a remedy for drunkenness, I had written to him inquiring if it would not cure the opium disease also. He replied very briefly that he had not yet perfected an opium cure, and preferred not to make any promises or even representations on the subject.

Some months afterward I learned that he was using a preparation of the double chloride of gold in the treatment of the opium habit, and with entire success. From his previous letters to me I was disposed to think that any representations he might make on the subject would be less rather than more than the truth, but, to entirely satisfy myself, I paid him a visit. I found everything to be as true and genuine as the gold out of which his chemist was preparing the chloride of gold and sodium. Soon afterward I began taking the remedy, and, although I was for some time engaged in duties which involved a (to me) heavy responsibility, I was able in a comparatively short time, and without the slightest inconvenience,

to reduce from 20 to 2 grains each 24 hours. Long before this point was reached I had come to *know* that I was being cured. My will responded to the influence of the remedy, even as the dead body of Lazarus did to the word of Jesus, and arose and increased in strength. The cloud began to lift from my mind; the dull opium-glaze commenced to clear from my eyes; life began to have some brightness of hope in it; and my dormant energies stirred in their awakening.

Then, in order to mingle treatment with holiday, I went to Dr. Keeley, at Dwight, Ill., and in ten days I was free. Three or four wakeful nights; a few aches and pains in my feet and ankles; two or three days of lassitude at the end of ten days—this was all that I had to pay, in the way of suffering for my cure! "Marvelous!" "miraculous!"—how often I repeated those words during that ten days! It seemed impossible that any remedy, no matter if it had a golden instead of a "gilded hand," should thus apparently "shove by justice" and permit the opium victim to so easily escape the penalty of his indulgence. But whether the fact can be harmonized with the "laws of nature" or not, it remains a fact that I was cured, and at a cost of suffering so absolutely insignificant that it now seems to me that I had none!

And how shall I portray the condition of super-abounding health which I have been in ever since? Even when a healthy, happy boy, I was not so *perfectly* free from physical discomfort of every kind as I have been for months. Exertion, both mental and physical, is pleasant to me, and I can endure three times as much of the former as in my best days previously. I ceased taking the opium remedy in a week or two, then took neurotine for two or three weeks, but only semi-occasionally for the last one; but I have long since ceased to take or think of either, or of any medicine whatever. And only those who have had the same deliverance from opium slavery can know how absolutely all desire for morphine, or for any narcotic or stimulant is removed. I had chewed an ounce or more of tobacco every day for years, and had long abandoned all hope of ever ceasing its use, but it became distasteful to me during treatment, and I at once stopped using it, without even a trace of discomfort.

As to the pleasantness of Dr. K's place for the opium patient, his own unfailing patience and cheerfulness and the courtesy and kindness of his associates, perhaps I had better let others speak, lest my words should be too highly seasoned with praise.

While I cannot cease to regret the almost total loss of at least ten years of my life, still, at forty, I hope and believe that the future holds for me some prizes which I can win. I am no longer an alien among my fellow men. I have crossed the "Slough of Despond," the burden has fallen from my shoulders, and I face the coming days with hope and faith.

CHAPTER XX.

EXPERIENCES OF J. M. RICHARDS, M. D., OF LAWRENCEVILLE, ILLINOIS.

It was in the year 1867 that I began the use of morphine continuously. I had suffered from chronic diarrhœa ever since the close of the war, in which I was a surgeon, and I at last resorted to frequent doses of morphine as the only certain means of controlling the difficulty. I at first took about half a grain every two or three days, but at the end of a year was taking from two to five grains each twenty-four hours. About this time I became alarmed, and undertook to abandon the use of the drug. My practice was to take my dose in the morning of each day, the effect lasting for twenty-four hours. I found that I could get through the day succeeding the morning on which my usual dose was omitted with comparative comfort, and could sleep during the first night, but after that I had neither sleep nor rest. My uneasiness and the aches and pains in every part of my body were unbearable. Sometimes, (for I made several attempts), I would hold out for four or five days, but at the end of that time the limit of my endurance was reached, and I had to go back into my captivity. I was a confirmed morphine eater—that fact could not be disguised. The only way to avoid insanity, or death from mere intensity of pain, seemed to be to follow the path on which I had entered without ever again attempting to leave it. From this time the daily quantity of morphine taken steadily increased until in 1876 I was using from twenty to thirty-five grains each twenty-four hours.

About this time I saw an advertisement of one S. B.

Collins, of LaPorte, Indiana, who claimed to have discovered an "antidote" or "painless cure" of the opium habit. I wrote him at once, telling him that if his cure was genuine I needed and wanted it. He replied that he had a remedy which had never failed in a single instance to effect a cure. I sent for one bottle—a month's supply—paying him eighteen dollars. The morphine which this "medicine" contains in such large quantities was so disguised, by quinine as I afterwards learned, that I did not recognize its effects for a considerable length of time, and I honestly thought I had found deliverance from my chains. I even wrote to him that I thought it would cure me. I kept on with it until I had taken ten or twelve bottles, costing me altogether about two hundred dollars. By the time I had used half this quantity I became almost certain that morphine was the main ingredient in the preparation, but my friends were more confiding, and, urged by them, and still having a very small remnant of hope that the "antidote" might be genuine, I kept on as before stated. It is hardly necessary to add that I was not as near being cured when I abandoned the preparation as I was when I began its use.

A while after this I saw the advertisement of a Mrs. Drollinger, of the same place, and, clutching at every straw, I concluded to try her alleged "cure," especially as her terms seemed more reasonable than those of Collins. I took three bottles of her "remedy," paying twelve dollars for each one, the quantity lasting three months. I found the preparation to be precisely like Collins', a large quantity of morphine and considerable quinine dissolved in glycerine, the mass being colored red with aniline.

I next tried a preparation advertised by one John C. Hoffman, of Chicago, as a "sure" cure for the habit. He wrote me that his regular price for treating my case for three months, (at the end of which time I should be positively cured), would be one hundred dollars, but he would charge me but fifteen, as I was a regular physician in good standing. I was in such a constant opium stupor, and my judgment and common sense were so obscured, that such evident proofs of charlatanism as this offer exhibited, did not warn me. He sent me printed "testimonials," as the others had done, and I was foolish enough

to believe them simply because they were in print. I ordered a three month's supply of his preparation—all that he said would be required—and received twenty-five bottles containing about six ounces each. If I *should* need more he wrote me that he would charge nothing for the additional amount.

I followed his "directions" implicitly, taking twenty bottles. The other five fermented and became sour. While taking this remedy I felt precisely as I had, at times, previously, when trying to get along with reduced doses of morphine. My sleep at best was insufficient, and often I could not sleep at all, and, besides, I suffered from a feeling of great fulness or swelling of the head, with giddiness, and with pains all through my body. Half an hour after taking a dose of the preparation my mouth would be so "cottony" and my throat so dry that I could not swallow, nor hardly speak. This and certain other intensely disagreeable and repulsive sensations which I felt, were caused, as I now know, by that disgusting and most powerful poison, atropia.

At the end of the twenty bottles my general health was worse than when I began them, and my craving for morphine sprang up, at once, in all its strength. I wrote Hoffman all the facts, and he replied, in substance, that he had made a slight mistake, and that for ten dollars more he would send an additional quantity of his preparation, enough to cure me. But at last it did not require this attempt to violate an agreement and extort money to open my eyes. I had learned from my own case and others that his medicine had no curative power, and after informing him in very plain terms of the light in which I considered him, I permitted the matter to drop.

During the years in which these things were occurring my condition was growing worse in every respect. Each so-called remedy increased instead of diminishing my need of morphine, and I was taking from twenty-five to forty grains per day. I grew wholly unfitted for business and allowed much of my practice to slip out of my hands, merely because I was too sluggish and too procrastinating to attend to calls. All that I earned for ten years went for morphine or for those wholly useless "cures." Poverty stared me in the face, and the worst of it was

that I could not get rid of the feeling that I was to blame for this condition of affairs. My life was a failure and the gloom and despair I felt were constant and unrelieved. Twice during the last five years I have been on the point of suicide. The first time the revolver was taken from me, and the last time some one came up as I was about to shoot myself, and my thoughts were diverted. The infirmity of will induced by opium is, I think, all that kept me from ending the miserable story of my life with a bullet. I felt that to die and go to hell would involve less torment than that I was suffering every day. I was emaciated, pallid, weak in body, and my strength of will and energy of mind were all gone. I felt that I was a curse to myself and to all around me.

Last winter a small pamphlet by Leslie E. Keeley, M. D., on the pathology of the opium habit and the treatment of the disease with the chloride of gold and sodium, came to the postoffice in our village with the request that it should be handed to some physician. I happened to be in the office when it arrived, and it was given to me. My first thought was, of course, that still another man was trying to levy tribute from morphine eaters by holding out false hopes to them. I had expended in various ways, for "cures," etc., between two and three thousand dollars and was worse instead of better. But the next day I read the little book over carefully, and decided that its author had at least an actual knowledge of what he was writing about. I opened correspondence with him, asking him to tell me positively whether his remedy would help my case. He replied that he had cured every case up to that time and sent me a number of names of opium patients whom he had treated, with their addresses, and asked me to write to some or all of them. The result was that I ordered one pair of the double chloride of gold remedy. I had not taken it for three days before I became satisfied of two things: that it contained no opium or other narcotic, and that it was a genuine and extremely powerful nerve tonic. I was soon able to reduce my daily dose of morphine from thirty-five or forty grains per day to two. I could not be deceived about this, for the two grains were carefully weighed. Owing to special circumstances I decided that it would be best for me to

go to Dwight to be specially treated by Dr. Keeley. Some two months elapsed after I had taken the first pair of the gold remedy before I could start for Dwight, and I was detained on the way for a month by sickness. I had an attack of bloody flux, followed by erysipelas in the face and head; and I also had a short run of bilious fever. When I reached Dwight I looked as though I had not a week to live. I have since learned that some of Dr. Keeley's friends told him that he had better send me home by the first train; that I could not be cured, and to attempt to cure me and fail would bring discredit upon his remedy, especially as I was a physician considerably known in Southern Illinois.

But I am cured! From the first day my progress toward recovery was as steady and as sure as the passage of time itself. From the time I began taking the remedy I never doubted, for an instant, that it would cure me. While my reduced physical condition made my case more stubborn than most, I went steadily along, reducing the doses of morphine from one down to one-fourth of a grain and extending the intervals between doses from twenty-four to seventy-two hours, until at last I had taken my last one-fourth grain of the drug, and was free! I experienced some uneasiness and wakefulness, because the Doctor felt obliged to hasten my case as fast as possible; but all the unpleasant sensations I experienced under his treatment if condensed and multiplied would not begin to equal what I suffered in an hour or two when I tried (when taking from three to five grains) to cure myself. The ordinary ailments of life produce as much or more uneasiness and suffering than I felt. Now I have entered into a new life. I have no more appetite for morphine than I have for kerosene, or any other impossible dose. My appetite is more than good, my eyes are clear, my weight increased, while under treatment, twenty-six pounds in twenty-eight days. There is energy in my body, strength in my mind, and hope in my heart. Once more I am a man among my fellow men, and can do my work and reap whatever rewards may await sincere and energetic efforts.

Since the above was written I have received from Dr. Keeley his record of the treatment of my case, with a re-

quest for permission to use it in a work on morphine eating which he is preparing. I hereby endorse his report as accurate, and gladly consent to his making use of it in any manner he may wish. I shall be glad to receive and answer any letters of inquiry addressed to me at Lawrenceville, Lawrence county, Illinois.

CHAPTER XXI.

OPIUM AND ALCOHOL—THEIR SIMILAR AND DIFFERENT PROPERTIES AND EFFECTS.

If a man receives from some boon companion an invitation to meet him and others at a "wine supper," he does not consider it strange or incongruous that a few mutual acquaintances should gather for social enjoyment and drink wine in company. But if one, addicted to the use of morphine should receive a tasteful card inviting him to meet three or four fellow opium eaters at a "morphine feast," he would be at once struck with the perfect absurdity of the matter. We hear of the "social glass" probably more than enough—but who ever heard of the "social morphine bottle" or the "festive opium box."

The contrast between opium and alcohol as regards their effects upon those who use them, is thus clearly indicated. DeQuincey has dwelt upon these differences, in terms which, though not scientifically accurate, nor even mainly true—except, possibly, as describing the earliest experiences of a very small percentage of opium eaters—are full of interest.

"First, then," he says, "it is not so much affirmed as taken for granted by all who ever mention opium formally or incidentally, that it does or can produce intoxication. But crude opium, I affirm peremptorily, is incapable of producing any state of body at all resembling that which is produced by alcohol; and not in *degree* only incapable, but even in *kind*; it is not in the quantity of its effects merely, but in the quality that it differs altogether. The pleasure given by wine is always mounting and tending to a crisis, after which it declines; that from opium when once generated, is stationary for eight or

ten hours; the first, to borrow a technical distinction from medicine, is a case of acute, the second, of chronic pleasure; the one is a flame, the other a steady, equable glow. But the main distinction lies in this, that whereas wine disorders the mental faculties, opium, on the contrary, (if taken in a proper manner) introduces among them the most exquisite order, legislation and harmony. Wine robs a man of his self-possession, opium greatly invigorates it. Wine unsettles and clouds the judgment, and gives a preternatural brightness and a vivid exaltation to the contempts and the admirations, to the loves and the hatreds, of the drinker; opium, on the contrary, communicates serenity and equipoise to all the faculties, active or passive; and, with respect to the temper and moral feelings in general, it gives simply that sort of vital warmth which is approved by the judgment, and which would always accompany a bodily constitution of primeval or antediluvian health. Thus, for instance, opium, like wine, gives an expansion to the heart and the benevolent affections; but then with this remarkable difference, that in the development of kind-heartednesss which accompanies inebriation there is always more or less of a maudlin character which exposes it to the by-stander. Men shake hands, swear eternal friendship, and shed tears—no mortal knows why—and the sensual creature is clearly uppermost. But the expansion of the benigner feelings, incident to opium, is no febrile access, but a healthy restoration to that state which the mind would naturally recover upon the removal of any deep-seated irritation of pain that had disturbed and quarrelled with the impulses of a heart originally just and good.

"Wine constantly leads a man to the brink of absurdity and extravagance, and beyond a certain point it is sure to volatilize and to disperse the intellectual energies; whereas opium always seems to compose what had been agitated, and to concentrate what had been distracted. In short, to sum up all in one word, a man who is inebriated, or tending to inebriation, is, and feels that he is, in a condition which calls up into supremacy the merely human, too often brutal, part of his nature; but the opium eater (I speak of him who is not suffering from any disease or other remote effects of opium) feels that

the diviner part of his nature is paramount; that is, the moral affections are in a state of cloudless serenity; and over all is the great light of the majestic intellect."

These words are full of the charm, the falsity and the danger which characterize DeQuincey's writings upon the opium habit. In order to excuse his own persistent use of the drug, he greatly exaggerated its more favorable influences; he allowed his literary ambition, and his wonderful facility of expression to overcome his honesty. He believed that his "Confessions" would attract the eyes of the whole reading public to himself, and he posed before them in artificial attitudes, as the original and only genuine opium eater. Following the extract above quoted are these words of astounding self-conceit: "This is the doctrine of the Church on the subject of opium; of which Church I acknowledge myself to be the only member—the alpha and omega; but then it is to be recollected that I speak from the ground of a large and profound personal experience, whereas most of the unscientific authors who have at all treated of opium, and even of those who have written expressly on the *materia medica*, make it evident, from the horror they express of it, that their experimental knowledge of its action is none at all."

Writing in such a spirit, and feeling that he must so represent the effects of opium as to prevent the condemnation and disgust of his readers against himself, one can understand how the influence of his words has been to entice his readers into the poppy-hedged path of the opium eater rather than to warn them from it. Many a victim of the habit, tempted to his first dalliance with the drug by DeQuincey's vivid statements of the delights it causes, has afterwards felt that the same author's "Murder as a Fine Art" has no more complete illustration than that afforded by his essay on opium eating.

It is true that there are great contrasts between the liquor and the opium habit. Drunkenness is a social vice. It has its saloons where men meet to talk and drink in company; where merriment and laughter prevail. But the habit of morphine eating is a solitary one. The victim of the opium disease steals silently into the apothecary's shop for his drug, looking furtively around,

and speaking in whispers, lest some one should discover him in the act of which he is ashamed. And while one of the primary influences of the drug in the first stages of the habit is, often, to make one talkative and sociable, yet in a short time distaste for society begins to manifest itself. When the first exhilarations caused by the drug have ceased, never to be felt again, the opium eater's life becomes more and more narrowed within the dim circle of his own dreaming.

It is only the philanthropist, or those who have experienced the weight of sorrow which alcoholic intoxication so often brings upon the innocent, who look upon the use of liquor with entire abhorrence. The majority of people, if they do not smile at or excuse it, are indifferent on the subject. The staggering drunkard provokes the laughter of the crowd, men roar at his antics or good-naturedly deride his maudlin speech. But if a sallow, thin-faced opium eater should pass by, with sad, hopeless look, and fixed, despairing eyes, they would gaze upon him in shrinking silence, seeing no ground for sport or humor in his appearance. The man who drinks to excess usually finds ready apologists—he is called a "good fellow," and "nobody's enemy but his own;" but the victim of opium intoxication finds no such charity—he is rather despised for his apparent weakness, and all who know his secret look askance at him.

Under the influence of alcohol men freely tell to strangers the secrets which, when sober, they guard most carefully; but the tendency of opium is to make its habitues hide even important secrets from their dearest friends. He who is intoxicated by alcohol laughs at the most foolish things—the opium eater does not laugh heartily and naturally at all. Whatever pleasures he may have, he "takes sadly."

Literature is full of drinking songs and poems in praise of wine, but the praises of the poppy and its juice have been but sparely sung, and only because their "drowsy syrup" medicines men to sleep.

Alcoholic intoxication develops individual peculiarities, bringing out quarrelsomeness, self-conceit—whatever may be the ruling characteristic of the individual. Opium, while it may be idiosyncratic in its purely phys-

ical effects, tends to reduce the minds and feelings of those who use it to a level,—dull, dark and very dreary. Drunkenness may have its heights and depths, but opium eating leads into a Death Valley—a level waste of sand, with arid cacti, destitute even of the beauty of sunshine.

However the two methods of stimulation may differ in so many of their immediate and more remote effects, they are alike in being powerfully destructive of nerve tissues, and in their antagonism to healthy, vital energy. The pathological effects of opium products upon the system have been fully discussed in a previous chapter. Alcohol, when taken into the stomach, either pure or contained in spirituous or fermented drinks, is at once absorbed, and taken undigested, that is, as alcohol, into the blood. By this it is immediately carried to every part of the body, and every particle of nerve fibre is bathed by it. The albumen, of which each nerve is in part composed, as soon as it feels the touch of the alien and offensive intruder, coagulates, just as the white of an egg instantly becomes hardened when placed in contact with alcohol. Thus isomerism takes place, the structure of the nerve tissue is changed, and also to some extent, broken down. The body at once endeavors to expel the poison, in the only way possible, viz: through the emunctories to a limited extent, but principally by burning it and throwing off the products of the combustion by the skin, breath, and other secretions. To do this, and to repair the injured nerve tissue, and to accomplish both as quickly as possible, calls for the exertion of an extraordinary amount of vital energy, and the sudden development of this force to consume, repair and heal, causes that rallying of the vital forces which we denominate stimulation. Alcohol is of value to the physician—not because it creates physical energy, but because it is able to arouse and call forth latent vital force which will respond to no other agent.

As the action of alcohol upon the system is both more prompt and more temporary than that of opium, so the changes caused by it in nerve tissue are more quickly repaired, and the nerves brought more speedily into a normal condition. The drinking man will often recover from the effects of a debauch of a week or two, in two or

three days, while indulgence in opium to a corresponding extent would necessitate the continuance of the drug indefinitely. The double chloride of gold remedy as prepared for the cure of chronic alcoholism will restore the system of the patient to a normal, healthy condition, and also entirely remove his appetite for the stimulant in nine days, but the case of the average morphine user is more stubborn, and frequently requires a longer time for its radical cure. In more than twenty-five hundred cases of chronic alcoholism which I have treated, the gold has proved its marvelous power as a tonic, anti-septic, and sedative nervine, by re-creating the shattered system and annihilating the craving for drink.

In cases where opium eating is complicated with the drinking habit the former takes the stronger hold upon the system, and the principal treatment must be directed to its cure. And he who is delivered from the habitual use of opium or its preparations and brought into the condition of perfect physical health, which the gold remedy induces, will find himself cleansed from his craving for alcoholic stimulus also. The elimination of the stronger poison seems to carry with it all weaker ones—delivered from that the man is free indeed!

CHAPTER XXII.

OPIUM SMOKING.

The contrast between the whispered hush of an "opium den," or "joint" with its pungent, acrid odors, and its prostrate, silent human forms, and the hurrying rush and roar of traffic along the streets without, is very great and very suggestive. The existence of the confirmed opium smoker becomes as widely separated and apart from the active life of men as the place of his resort is unlike the noisy thoroughfare and the busy marts of trade. In the end—an end certain and unescapable in its steady approach--the opium smoker--he who tempts the "Sorcery of *Mudjoon*" — drops out of real life, and passes his few remaining days in a world made up of the falsest unrealities and dreams. The opium or morphine eater can mingle with his fellow-men, he has no need to go to some prepared place, and remain there for hours to experience the effects of his opiate, but the opium smoker must devote time to burning the pungent incense with which he compels the inspiration of his god, and can only do this in a temple fitly prepared for this Satanic worship.

The ordinary pulverized and dry opium found in drug stores is not capable of producing the intoxicating effects in which opium smokers revel. Several of my patients report having tried it, either alone or mixed with tobacco, but failed entirely to produce any opiumization. The drug must go through a special process in order to prepare it for effective smoking. As imported for use in "opium dens" it is quite unlike the crude gum of commerce, having been subjected to repeated washings, and has a dark, thick syrup or tar-like appearance and consis-

tency. A little of this substance is held upon a wire in the flame of a small lamp where it boils or becomes "cooked." It is then daubed upon the inside of the bowl of a pipe, specially prepared for the purpose, an opening is made in the bottom of the mass to secure draft, and then the smoker turns the pipe-bowl to the flame, inhales three or four whiffs of smoke and the dose is exhausted. This process is repeated again and again, beginners being satisfied with half a drachm weight of the drug, or even less, while habitues and confirmed opium smokers, and Americans at that, have been known to consume three ounces at a single visit to their "den."

All the paraphernalia of opium smoking indicates that its influences tend not to any healthy or even abnormal activity of body or mind, but only toward the stupor of sleep and useless dreaming. The smoker lies at full length upon a narrow couch while he inhales the smoke, so that no motion of body or limbs, no exertion of any kind shall be needful, except to let his eyelids fall when the opium "stupor" shall come over him. He does not care to converse, nor even think, but only to feel all stress and strain of body and mind—all care, all emotion born of actual, every-day life, relax and pass away, as, with closed, or open but unseeing eyes, he lies upon his hard cot and his soul seems to float away into a world of misty dreams.

The number of Americans who indulge in opium smoking is constantly increasing. Recent articles in the daily press, containing notes of investigations of the subject lately made, reveal this fact, and show that the victims of the habit are to be found in "good society," as well as among those living in the shadowed half of the world. Richly dressed ladies coming from costly residences upon the avenues can be seen alighting from carriages and going down into the subterranean opium "joints" in New York and other large cities. It is said that those who are able to have and even do have all the "outfit" for opium smoking at their homes, prefer to smoke in some opium haunt. So-called "respectable" ladies, and actresses of note, may be found mingled with outcasts of their own, and with all classes of the other sex in this unlively, silent fellowship. There is no noise

of revelry, all dangerous passions are dulled and absorbed in the one over-mastering appetite for the narcotic intoxication.

The end of all this is death. The expenditure of money for the costly gratification drains the purse of the victim, the time required and which is taken from active thought and life causes neglect of business and social duties, while the heights of exhilaration are speedily and necessarily succeeded by reactive effects upon the nervous system. Thus in business and social life, in body and mind the opium smoker grows rapidly weak and worthless. He hastens toward an end of appalling horror—the period when every nerve and artery and vein, every muscle and every sinew in his body will cry and shriek for their accustomed sedative, while it can no longer quiet them. The drug loses its power—the system has fed to the full of opium, the nerves have felt the last possible thrill of narcotic exhilaration and the day of agony and death has dawned!

Fitz Hugh Ludlow wrote: "I shall never forget to my dying day that awful Chinese face, which actually made me rein my horse at the door of the opium *hong* where it appeared, after a night's debauch, at six o'clock one morning when I was riding in the outskirts of a Pacific city. It spoke of such a nameless horror in its owner's soul that I made the sign of a pipe and proposed, in '*pigeon English*,' to furnish the necessary coin. The Chinaman sank down on the steps of the *hong*, like a man hearing medicine proposed to him when he was gangrened from head to foot, and made a gesture, palms downward, toward the ground, as one who said, 'It has done its last for me—I am paying the matured bills of penalty.' The man had exhausted all that opium could give him; and now, flattery past, the strong one kept his goods in peace. When the most powerful alleviative known to medical science has bestowed the last Judas kiss which is necessary to emasculate its victim, and, sure of its prey, substitutes stabbing for blandishment, what alleviation, stronger than the strongest, shall soothe such doom."

This Chinaman was what is called an opium "fiend."

George Parsons Lathrop, in an article on opium smoking in Scribner's Monthly for July, 1880, page 416, de-

scribes a visit to a New York opium "joint" patronized by the lowest class of Chinese. He says: "At the back of the room is an opening into another blind apartment, where we can dimly make out certain bunks placed one over the other around the walls, for the convenience of confirmed and thoroughly stupefied debauchees. From one of these a lean, wan face, belonging to a creature who is just arousing himself from his drugged sleep, stares out upon us with terrible eyes—eyes that dilate with some strange interior light; ferocious yet unaggressive eyes; fixed full upon us and yet absolutely devoid of that unconscious response for which we look in human eyes as distinguishing them from those of brutes. This is the gaze of what is called an 'opium devil'—one who is supremely possessed by the power of the deadly narcotic on which he has leaned so long. Without opium he cannot live; though human blood runs in his veins, it is little better than poppy juice; he is no longer really a man, but a malignant essence in forming a cadaverous human shape."

And even this stage is not the last—there is a depth, below this deep, when the poison has done all its work—when the corrupted currents of the blood no longer vitalize the system, then the end comes! It is an end to which many intelligent Americans, as well as multitudes of degraded Chinamen are hastening, and in the case of those as well as these, the end is horror, despair and death!

The pathology of opium disease produced by smoking the drug is not different from that caused by opium or morphine eating. The only method of treatment which can set free those who may seek deliverance from the grasp of the habit before it is too late, is the one already suggested. For those who have strength of purpose to seek it there is a door of escape into a new, strong, active and fruitful life. But no doubt the majority, with judgment, will and feelings paralyzed by their baneful habit, will go stupidly down the swift descent of ruin and death.

CHAPTER XXIII.

CHLORAL.

The hydrate of chloral, which was hailed at first by the medical profession as a hypnotic and sedative producing only good effects, and as the long-sought specific for inducing sleep in cases of nervous disturbance, is, after a brief period of popularity, now falling into discredit. Experience has shown it to be a dangerous remedy, one which should be exhibited with great circumspection, and one whose reactive and secondary effects are often very disastrous. Dr. B. W. Richardson, of London, England, who by his early experiments did much to call the attention of the profession to the hydrate of chloral and to encourage its use, expressed regret, on a late public occasion that he had been instrumental in introducing a drug so capable of abuse, and which, when abused, wrought such evil results.

In a later paper he says: "It is a matter of deep regret that since the name was given to the disease, chloralism has become wide-spread. * * * Among the men of the middle class, among the most active of these in all its divisions—commercial, literary, medical, philosophical, artistic, clerical—chloralism varying in intensity of evil has appeared. In every one of these classes I have named, and in some others, I have seen the sufferers from it, and have heard their testimony in relation to its effects upon their organizations. Effects exceedingly uniform, and, as a rule, exceedingly baleful."

Two years after the introduction of the drug into general practice the same well-known physician sounded a note of warning at a meeting of the British Association

for the Advancement of Science. But it was before the echoes of the welcome and applause which greeted chloral hydrate as supplying the desideratum so long sought, the profession, as a whole, believed and proclaimed that the drug was wholly beneficial, and his words aroused much adverse criticism. It was stoutly insisted that no cause for alarm existed. But his predictions have been verified and the irregular use of chloral as a habitual narcotic has so increased that, recently, the Clinical Society of London appointed a special committee to investigate the matter. In this country, as well as in Great Britain, there are a large number of chloral habitues. The prevalence of sleeplessness caused by nervous difficulties has resulted in the habitual self-administration of this drug in thousands of cases. It is not strange that those who by reason of care or sorrow, or of disease-shattered nerves become desperate through their weary watchings for the slow coming of dawns, and seek for any means to win sleep to their pillows—

> "Sleep that knits up the ravelled sleeve of care,
> The death of each day's life, sore labor's bath,
> Balm of hurt minds, great Nature's second course,
> Chief nourisher in life's feast."

And finding that "Nature's soft muse" can be enticed to visit and to bless them by the cunning of chloral, they come at length to choose the drug as their familiar to nightly sink them, by its magic, into dreamless slumber.

Others come into the condition of sleeplessness through excessive alcoholic stimulation. "These persons," says Dr. Richardson, "at first wake many times in the night, with coldness of the lower limbs, cold sweatings, startings and restless dreamings. In a little time they become nervous about submitting themselves to sleep, and before long habituate themselves to watchfulness and restlessness, until a confirmed insomnia is the result. Worn out with sleeplessness, and failing to find any relief that is satisfactory or safe in their false friend, alcohol, they turn to chloral, and in it find, for a season, the oblivion which they desire and which they call rest. It is a kind of rest, and is, no doubt, better than no rest at all; but it leads to the unhealthy state that we are now conversant with, and it rather promotes than destroys the craving for alcohol.

In short, the man who takes to chloral after alcohol enlists two cravings for a single craving, and is double shattered in the worst sense."

The wonder is that the profession should for a moment have imagined that an anodyne and soporific so powerful, would have no injurious secondary effects. So potent an agent, one able, almost as with a blow producing concussion of the brain, to stupify the patient, must of necessity be a dangerous one, or at least, one possibly dangerous. And during the twelve years which have elapsed since the attention of the profession at large was called to chloral, the fact that it is a dangerous remedy has been abundantly shown. It is true that the testimony of physicians as to the effects upon the system of the habitual use of chloral is by no means uniform. Some still claim that many persons can use it in large daily or nightly doses for months and even years, without experiencing any ill-effects, or establishing a craving for the drug, and they have reported cases which seem to sustain their assertions.

But on the whole, the evidence is overwhelming that in at least a considerable proportion of cases the continuous use of chloral hydrate, establishes a habit, and one which is often more rapidly destructive than the habit of opium eating. Dr. Madison Marsh, writing of chloral, uses the following language: "Its effects are so pleasant, its use so exquisitely fascinating, that, the habit once acquired, a person becomes a slave to its use, never to stop until death closes the scene. The enchantment of alcoholic stimulants, cannabis indica, morphine or tobacco, bind with silken cords, compared to bars and hooks of steel thrown around the unhappy victim of this popular drug and infatuating stimulant."

This language can apply only to exceptional cases; that is, while the effects of chloral in giving sleep are produced upon nearly all, there can be but very few to whom its use is so infatuating. But whether taken to relieve pain, to procure sleep, to quiet general nervous disturbance or to produce a fascinating intoxication, the habitual use of chloral is often rapidly destructive in its effects upon the body and mind. It causes weakness of the eyes, a shrinking from light, conjunctivis, sometimes "double sight,"

and in some cases total blindness. The latter result has been caused by the temporary use of chloral. Amaurosis, at least partial, and also excessive lachrymation, have resulted from its habitual use. Persons, especially ladies of sensitive organization, are often unable to take even occasional doses of the drug without decidedly unpleasant effects both upon the sight and the appearance of the eyes.

The habitual use of chloral often occasions acute pains in the lower limbs, and often the patient becomes unable to use the legs. Vertigo and partial and even complete paralysis have resulted from the same cause. It occasions dyspepsia, accompanied by coated tongue and bad breath. It irritates and often produces congestion in the mucous lining of the bladder and urethra. In frogs, to which fatal doses of chloral had been given, the whole heart was gorged with blood, having suffered complete paralysis. Palpitation of the heart, and irregular action of that organ are frequent accompaniments of the habit. Chloral disorganizes the blood, causing eruptions, bleeding from the mucous membranes, falling of the hair, anæmia and dropsy.

The habit is probably more rapidly fatal in many instances than that of morphine eating. Not infrequently a dose no larger than those habitually taken will cause death. In cases less immediately fatal the victim becomes a physical wreck, his mind becomes childish and he soon dies.

While the habit of using chloral can be more easily arrested and broken than that of opium eating, yet it binds its victim with strong cords, and under ordinary methods of treatment, those who discontinue its use do not for a long time recover from its evil effects. The physician cannot be too careful in prescribing it, and no patient should venture to administer it to himself. It is a dangerous and treacherous drug, and though it may give temporary relief to him who is suffering from insomnia caused by pain or nervous exhaustion, yet, unless great care be taken, the last state of the patient will be worse than his first.

CHAPTER XXIV.

HASCHISH.

Haschish intoxication, no longer confined to Asia and the Indian seas, has become established and is on the increase in Europe and the United States. The drug, known also as cannabis indica, has been used immemorially in the East as a narcotic intoxicant. Much use has been made in those countries as a stimulus to the religious exaltations and ecstacies of the priestly castes. The exhilaration produced by it is considered to come from some divine inspiration, the devotee believes himself to be in communion with his god, and his insane utterances are received as prophecies of awful import by his awe-struck hearers. It is said that when a Malay becomes tired of existence and resolves to end it by "running a muck," he stimulates himself to recklessness with haschish or bhany, before he begins his murderous and fatal dash. Under the powerful influence of the drug he loses his instinctive love of living and fear of death—he is simply wrought up to a blind and brutal frenzy, and will cut and stab men, women and children until some lucky sword-cut or pistol-shot brings him down. By some travelers it is claimed that these desperate human devils are haschish habitues who have reached the end of their fool's paradise, and, unable to receive further stimulation from the drug, and utterly shattered in body and mind, suddenly plunge through slaughter to death. It seems to be a fact that the strange apathy toward death frequently exhibited by the peoples of Oriental regions often results from the influence of haschish. It throws the whole mind into an abnormal condition, and even the

strongest instincts are temporarily obliterated. That an intelligent, educated American should habitually take the same drug which sends the mad Malay, naked and with eyes a-glare, along his murderous race to death, seems incongruous, to say the least.

And for such persons to use the extract of Indian hemp as an intoxicant seems the more strange when it is considered that in almost all cases the effect of the drug upon the mental nature is more abnormal than that of opium. The recorded experiences of Americans who have experimented with haschish are not particularly attractive, they have not the tempting power with which writers on the opium habit entice new victims to dally with the drug. Bayard Taylor some years ago wrote of an experiment which he and others made, while in Cairo, with haschish. The principal feature of its influence seems to have been an infinite enlargement of the sensations by which extension and time are noted or measured by the consciousness. The mind, escaped from the ordinary laws of association, and all other established rules of action, leaps and wheels and darts with endless movement and gyrations from idea to idea, from dream to dream, from reverie to reverie in a tumultuous chaos of utterly disjointed thought. The power of measuring time is wholly lost. So all sense of distance is for the time absent. The wild swirling of the thoughts, released from law and all ordered action, makes the mind incapable of realizing space or duration. Bayard Taylor, after the drug had begun to exert its power, set out to go a short distance along the street. The journey—which was really the walk of a minute or two—seemed endless. Through cycles of eternities he toiled along—the distance appeared to be as infinite as the time. The story of the doubting king who, at the bidding of the magician, plunged his face into a basin of water and at once lifted it again, but in that short space between two breaths lived for thirty years—years made up of days of toil and nights of weariness, with youth and manhood, with marriage and the coming of little children, with frugal joys and sad bereavements—this story, without doubt, was born of haschish.

Those who have tried the drug also tell of strange hallucinations which they experienced, of the judgment par-

alyzed and the will dethroned, of all the better faculties of the mind intoxicated and whirling in riotous, ever shifting dervish dances. Surely such stimulation should present no attraction to sane and sober minds!

One peculiar effect of the drug which is sometimes experienced is thus described by a writer: "Amid the ever shifting spectacular scene the *sense of personal identity* is never perhaps entirely lost, but there does arise in very rare instances, the notion of a duality of existence; not the Persian idea, precisely, that of two souls occupying one and the same body in a joint stock association, as it were, (the doctrine as alluded to by Xenophon in the story of the beautiful Panthea), but rather the idea of one and the same soul in a duplication or bi-partition sense, and present in two bodies.

It is perhaps only a minority of those who have tested the drug who experience any pleasant or even remarkable sensations. To many it gives only unpleasant feelings, passing with increase of the dose, into actual sickness. It often gives a painful sense of fullness in the head accompanied at times by a snapping or crackling sensation, with dryness of the mouth, dimness of vision, and generally uncomfortable feelings.

It is possible, but hardly probable, if cannabis indica were used in medicine to anything like the extent to which opium and morphine now are, there would be almost as many cases of haschish mania as there are now of opium disease. But it is more likely that the habit of stimulation by this drug is, and would be, mainly limited to persons of decidedly nervous organization, who resemble in physical constitution the thin and sallow children of the Orient. It is to be hoped that the intoxication produced by this extract of hemp is too unpractical to be widely sought by the common-sense American. The most of those who would use this narcotic are the class (an increasing one, it is true), who have naturally abnormal cravings for unnatural stimulation, and who, like opium smokers, are not unwilling to sink out of real active life into a world of senseless dreaming.

I will only add that the only tonic remedy so far discovered which is able to restore nerves shattered by chloralism or haschish eating is the chloride of gold and

sodium. It cannot perhaps restore tissues destroyed by the acrid properties of chloral hydrate, but it will restore to the nervous system all the latent energies of which it is capable and deliver the slave of habitual narcotization from his bondage. It breaks up the periodicity which these habits assume, and gives strength of will and naturalness of desire, so that the evil and unnatural craving is wholly lost.

CHAPTER XXV.

THE NEED OF LEGISLATION.

Every year our legislatures are called upon to enact laws on a multiplicity of subjects affecting the general welfare of the people. It is surprising that amongst the many reforms proposed some attention has not been given to the traffic in opium. It is true that strenuous efforts have been made to prohibit the manufacture and sale of ardent spirits in some States with partial success, but even the advocates of Temperance do not yet seem to have apprehended the magnitude and enormity of the opium habit and its consequences to the nation. This may be accounted for, to some extent, by the widespread ignorance prevalent concerning this subject.

The foregoing pages portray the nature of the opium disease in all its details; they give careful statistics of its growth and extent, and show the results of this unholy traffic. If it increases in the next twenty-five years in the same proportion in which it has during the last quarter of a century it will be the greatest curse of the age. And there is no reason to suppose that the increase will be in any smaller proportion, judging from the statistics of the last ten years and the present and prospective condition of the American people.

When we fully realize the awful consequences of this traffic, upon human life, domestic relations, and commercial interests, it is something appalling to contemplate. We are accustomed to look with horror upon the slaves of alcohol in all their wretched degradation, and we seek to suppress the trade in alcoholic liquors and to reform the drunkards of our community. But if we could see

the inner life of at least half a million of our people we should find that they are slaves to a worse enemy than alcohol, bound in fetters compared with which those of alcohol are but bands of straw; and who are being pitilessly dragged down a steep and dismal path to death. They are slaves of opium and morphine! I have shown in the preceding pages how the morphine habit ruins a man, physically, mentally and morally; how it destroys his health and reduces him to a helpless wreck; how it lays its withering hand upon his mind and blights it; how it robs him of his moral perceptions and deforms his moral stature; in a word, how it completely blasts both body and soul.

If this were generally understood and appreciated, (and I trust this book will have its influence in this direction upon the minds of the people), there is no doubt but that a popular outcry would be raised against a traffic so detrimental to health, happiness and life, and fraught with such danger to our nation.

It has of late years become a common practice for patent medicine manufacturers to put opium in their nostrums with a view of giving ease and quiet to those who use them. This is an alarming feature of the business. I have lately had to treat and cure a patient who had actually become a slave to a patent medicine! This disreputable practice is daily making opium eaters in all parts of the country and yet it is done with the sanction of law. The reckless use of opium by physicians and its indiscriminate sale by druggists is productive of the worst results.

It is evident that something ought to be done to stop this wholesale destruction. The press is awakening to this fact, and many of the leading papers of the country have devoted column after column to its discussion. It is necessary to arouse public opinion and mould it in the right direction, before we can expect any important action to be taken by our law-makers.

Our public schools ought to teach plain, primary truths at least concerning the nature and danger of opium. It is not necessary to teach children a mass of scientific terms which they cannot either understand or remember for any considerable length of time, but they could be

taught elementary lessons which would be of value to them throughout life. I have met with hundreds of adults in the past year, many of them energetic business men, who never saw any opium or morphine to know it, and who never knew of a single case of opium eating. It is not right to allow children to grow up in profound ignorance of the nature and effects of a drug which is commonly used amongst us and which is so destructive to all who use it. If people were more thoroughly acquainted with it, it would be more generally avoided; but while the great masses are ignorant concerning it, and it is freely prescribed by doctors and dispensed by druggists we must expect a large and continued increase of the victims of the opium and morphine habit.

The education of the people and of the children upon this subject would inevitably lead to suitable legislation. There should be stringent laws passed and properly enforced both as to the importation and sale of opium. It should not be simply classed with other poisons, but should be the subject of special legislation.

The history of opium in England and China ought to teach this country a salutary lesson. The iniquitous opium war of 1840-2, when England compelled China to admit the drug within its borders at the mouth of the cannon, in order to increase her Indian revenues, is a disgrace to civilization. It is true that it resulted in immense financial gain to English merchants, and hence, when in 1857 China again protested against the traffic, England was prepared to fight for its maintenance. The last war of 1857-8 adds another blot to the escutcheon of liberty and humanity. While English merchants were filling their coffers with wealth, the teeming hordes of the Chinese people were being destroyed by the baleful practice of opium smoking. So prevalent has the habit become that it is estimated that it requires 115,000,000 grains a day to supply the demand at the present time.

It could not be possible that such a barbarous act could be without injury to its projectors. It would not seem right that England should go unpunished for this deed of wrong. Nor has she escaped. The English speaking people of to-day are threatened with the greatest calamity which can befall them—the general use of opium. Its

rapid spread in England and its colonies as well as America has brought untold suffering and shame to tens of thousands of homes. The horrors of the opium wars are forgotten and only read upon the historic page; the ill-gotten gains of the merchants have flowed into numberless channels; but its effects live in the opium victims which to-day curse the narrow, short-sighted policy that brought a present gain and an endless torment of woe!

The United States has done wisely and well in lately concluding a treaty with China, in which the importation of opium is forbidden, and it will not be long before England will be compelled to yield to the voice of humanity and right, and follow the example of this country.

In the meantime, we must look after our own interests and guard as far as possible against any further encroachments in this country.

First, there should be congressional action, controling and regulating the importation of crude opium and its preparations into this country; and also the manufacture of opium into various preparations such as morphia and laudanum in this country.

Then there should be State legislation as to its sale. A State Board of Health should be empowered to suppress patent medicines containing opium in any form, (this would do away with most of the "opium antidotes" now on the market,) and punish the vendors; they should have power to regulate strictly the sale of opium and its preparations in drug stores, and place proper restraint upon its sale generally.

The school laws might also be amended so as to provide that elementary knowledge concerning opiates and stimulants in general use should be taught in our public schools.

If this were done it would make it difficult, at least, to procure it in large quantities; it would have a very decided effect upon the reckless prescribing of it by physicians, and druggists would cease to pile it up in their windows and thus advertise it to the world. It is to be hoped that the day is near at hand when an enlightened and intelligent people will demand protection for themselves and their homes against this gigantic and growing curse of the age.

CHAPTER XXVI.

LAST WORDS.

In writing this book I have kept in view two objects, which have appeared to me to be of prime importance. In the first place I did not wish by introducing vivid pictures of the alleged delights of the first stages of opium or morphine eating to tempt any reader to experiment with the drug. I became satisfied long ago that the descriptions of exhilaration and inspiration caused by the first doses of opium as given by writers on the subject have in them an element of falsity. The melodious chantings of the praises of opium, to which I now refer, is the singing of sirens. The splendid visions portrayed with glowing rhetoric are nothing but unsubstantial mirage, a *Fata Morgana* which deludes and leads to death. Even if it were true that opium gives, at first, strength and brilliancy of intellect it would do only harm to say so. "What shall it profit a man if he gain the whole world and lose his own soul?" But it is not true. He who tampers with the drug loses both the world and his own life. Except as used by the intelligent and careful physician it is a curse, and not in any sense a blessing to mankind.

In the second place I have deemed it best, after careful consideration of the whole subject, to so treat of remedies, and especially of the only successful remedy for the opium habit as to hinder rather than encourage the multiplication of charlatans professing to cure the disease. During the last few years they have been springing up like sudden fungus growth, all over the land, sending their useless or even poisonous mixtures to

thousands of the victims of opium, and collecting from them sums which, in the aggregate reach almost incredible figures. If these ignorant and unprincipled persons could succeed in compounding a mixture resembling, in appearance, the double chloride of gold remedy, they would at once advertise a chloride of gold "cure;" but the bottles which they might send out would contain no chloride of gold. Opium sufferers would purchase their nostrums because they would be sold cheaply, and, receiving no benefit would discredit the true remedy. The only safeguard against quackery on the one hand, and the dangers attendant upon the unintelligent use of so powerful an agent as the chloride of gold and sodium on the other, is to confine its administration as a remedy for the opium habit to reputable and instructed hands. No one who has not made a specialty of treating opium patients can realize what mischief and suffering, what loss of money, and, what is far worse, of hope, have been caused by those who send out vaunted "cures" of the opium habit which utterly fail to effect any good result. I would far rather that my discovery of the curative properties of the chloride of gold and sodium in opium disease had never been made than that it should fall into such hands.

If words of mine could prevent the entrapment of a single new victim by the morphine demon they would be quickly and emphatically spoken. One who treats opium patients—no matter how extensive and profitable his practice may be, soon comes to hate, not the victim, but the habit, intensely. The instinct of accumulation and the desire for fame are wholly lost in compassion for the clouded minds, the shattered bodies and the unfruitful, weary years of opium eaters, and in the wish that the means of their degradation might cease to exist.

Why is it that men do not give more reverence to their bodies? It seems as though, in giving care to the future salvation of their souls they had given over the physical structure, so "fearfully and wonderfully made," to dishonor and neglect—thus making successful culture of mind and soul impossible. Not only does it require "a sound mind in a sound body" to constitute the perfect man, but there can be a thoroughly sound mind only in a

body which is also thoroughly sound. The strength of man and the beauty of woman consist in perfect physical development and health. People with well-proportioned bodies, clear eyes, good minds, controlled affection, decisive judgment and dominant will are of some value in the world—they are leaders and masters. It is true that weak and small, and even diseased bodies have held mighty spirits—but what might not these exceptional and rarely gifted souls have accomplished if they had possessed strong and healthy physical natures?

The wonderful intellectual development which has taken place in the United States during the last fifty years has over-shadowed and dwarfed all movements toward intelligent and persistent physical culture. There have been a few prophets of muscular christianity—scattered John the Baptists crying in the wilderness—but the enthusiasm of their disciples has been short-lived. As our life becomes more and more artificial, brains are enabled to do the work formerly performed by muscles, and shrewdness and cunning take the place of strength. If a man is "smart" he is held to have reached the only standard of perfection which is recognized. Stock Boards and Boards of Trade are fields for the intellect rather than the physical nature.

But it is to be hoped that a reaction will take place which will lead us to bestow more thought upon our physical natures. When the proper value and dignity of the human body are universally recognized the abuse of narcotics and stimulants must, to a great extent, cease. To habitually deaden the nerves, weaken the muscles and enervate the vital energies with opiates will be considered sacrilege. Unnatural craving for such stimulants will be considered insanity, and society, by means of executed law, will interpose to save the victims of abnormal appetites from the tyranny of their own desires.

The attempt to attain a condition of power and influence by means of narcotic or other stimulation always fails of its end and is always destructive in its results. One's own nature fixes the limit of his achievement and by no aid of drugs can he enlarge the boundaries. Let each one exert whatever natural and wholesome power he may have—then his work will be genuine. Many of

my more intellectual patients, when thoroughly cured of opium disease have expressed in emphatic terms the joy and satisfaction they felt in coming into the real world and actual life; and also their abhorrence of *any* kind of unnatural stimulation because of the unreality and falsehood involved in it. The condition of health and energy into which they pass when they emerge from their sickly, unreal opium world enables them to feel how false and injurious are all conditions of abnormal stimulation compared with natural inspiration and genuine, honest work. Let each one do the best work he can, but not endeavor to surpass the possibilities of his nature, or spur his wearied energies by swallowing poison of any kind.

The influence of both opium and alcohol upon the offspring of parents addicted to the use of either is well known to be injurious. For the sake of the children to be born to them men and women should keep themselves clean from the use of unnatural narcotics and stimulants. Even if their own physical natures are defective in organization or development, let them not hinder their children from having more perfect bodies and stronger intellects.

A few months ago I received a letter from a gentleman living in Colleton county, South Carolina, asking me if I could treat, and cure of the opium habit an infant thirteen months old! He said that his wife was an opium eater and all their children were naturally addicted to the drug—so much so that it had been found absolutely necessary to give them daily doses of morphine from the time of their birth. The older ones had been weaned from the drug by gradually reducing the dose after they reached the age of six or eight months; but the craving of the youngest was so persistent that it seemed to be impossible to cure it.

This may seem an unusual as well as a startling case, but there are tens—yes, hundreds of thousands of similar instances in this country. Where the appetite is not congenital it is formed in infancy by means of paregoric or "soothing syrups." Only a few weeks ago I learned of a case where an infant, "brought up on a bottle" was given a few drops of laudanum in its milk each time it was fed. Its parents were ignorant or thoughtless, and did

not realize what immediate and permanent suffering they were preparing for their child. But they were no more culpable than those who make their infants stupid with "soothing syrups," and paregoric, or Godfrey's cordial, and thus create an appetite which may at last become gigantic and utterly ruinous.

It is not by such devil's food that strong, healthy and wise men and women can be raised up to fill this great land with citizens of whom it is worthy. Here should be fulfilled the dreams of poets and philanthropists of a royal race—kings of strength and queens of loveliness—well suited to the fair land which is their heritage—here should

"Spring the crowning race of human kind."

Opium dreaming has no affinity for the life which palpitates in this new world of ours. The sluggish nations of the Orient may be content to let to-day be as yesterday and to-morrow as to-day. The Arab comes at sunset to his halting place in the desert, eats his meal of dates, prostrates himself toward his Holy City and performs his evening devotions, and then silently takes his place in the circle formed by his comrades. Dreamily, for a while, they sit while the smoke from their pipes floats lazily up among the stunted palms and tamarinds. At length a voice is heard, a story is begun. It is not a new tale; the Present, our Present so full of life and movement and throbbing energies, has no part in it. It is older than the trees under which they rest, older than the path along which they are journeying. It is a tale of some Arabian night which was perhaps told by lips which were dust when the forests of Europe first began to smoke with the first scattered Aryan camp-fires. It has been listened to by countless generations. Every man in that circle has heard it a thousand times before. But they listen as if it were new—with more interest than if it were new. When it is ended they lie down and sleep, and at sunrise awake and begin once more their desert journey.

These men do not live—they only exist. As their fathers were thousands of years ago so they are now. Not only do they still dwell in tents, but the very shape of their tents remains as it was at the beginning. They live

in the desert, and its monotony has passed into and become part of their very souls. And he who in this mighty continent of the West delivers himself over to a life of opium torpor, falls from his high estate and passes into a world which, by contrast, is even more dreary and monotonous than that of the Arab tribes. His very oases will be sterile, the water brackish, the palms but shadeless shrubs. He passes from the living, progressive world into a desert whose extent is limitless and whose dry and dreary pathways have no end.

THE END.

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